

2055

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH      STATE FILE NO. 99  
COUNTY Gila      STATE ARIZONA      REGISTERED NO. 71  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Miami      NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE THE NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Pedro Ramos      HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(A) RESIDENCE: NO. 920 Live Oak      ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF BIRTH)      (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY AND YEAR) <u>6/29, 1937</u>	22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>6-29, 1937</u> TO <u>6-29, 1937</u> I LAST SAW HIM ALIVE ON <u>6-29, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5 a. m.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cerebral Embolism</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			DATE OF ONSET		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29/1937</u>				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
7. AGE      YEARS      MONTHS      DAYS      IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.				8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				12. BIRTHPLACE (CITY OR TOWN) <u>Miami</u> (STATE OR COUNTY) <u>Ariz</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				13. NAME <u>Patricio Ramos</u>	
13. NAME				14. BIRTHPLACE (CITY OR TOWN) <u>New Mexico</u> (STATE OR COUNTY)	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				15. MAIDEN NAME <u>Antonio Rivera</u>	
15. MAIDEN NAME				16. BIRTHPLACE (CITY OR TOWN) <u>New Mexico</u> (STATE OR COUNTY)	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				17. INFORMANT (ADDRESS) <u>Patricio Ramos 920 Live Oak</u>	
17. INFORMANT (ADDRESS)				18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Russell Hwy</u> DATE <u>6/29, 1937</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				19. EMBALMER LICENSE NO. <u>200A</u> SIGNATURE <u>M. J. Mc Lellan</u> FUNERAL DIRECTOR <u>Wiles Mortuary</u> ADDRESS <u>...</u>	
19. EMBALMER LICENSE NO. SIGNATURE FUNERAL DIRECTOR ADDRESS				20. FILED <u>June 29, 1937</u> REGISTRAR <u>C. M. Cron</u>	
20. FILED				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____ MANNER OF INJURY <u>None</u> NATURE OF INJURY _____	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY (SIGNED) <u>Leynil M. Lerow</u> M. D. (ADDRESS) <u>Miami, Arizona</u>	

FORM 1-25-36 FORM 2-100% RAG      BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION