

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 STATE FILE NO. 62

1. PLACE OF DEATH COUNTY Gila STATE ARIZONA REGISTERED NO. 65

TOWNSHIP _____ OR VILLAGE _____ OR CITY Globe NO. Euclid St. ST. _____ WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. 1 MOS. 19 DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Robert Ruiz HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. 1 MOS. 19 DS.

(A) RESIDENCE: NO. Euclid St. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1937

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 1 19

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. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona

FATHER 13. NAME Jesus Ruiz

14. BIRTHPLACE (CITY OR TOWN) Sonora (STATE OR COUNTY) Mexico

MOTHER 15. MAIDEN NAME Mercedes Madril

16. BIRTHPLACE (CITY OR TOWN) Sonora (STATE OR COUNTY) Mexico

17. INFORMANT Jesus Ruiz (ADDRESS) Euclid St. Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE July 2, 1937

19. EMBALMER LICENSE NO. 15 A SIGNATURE [Signature]

FUNERAL DIRECTOR License 10 A SIGNATURE [Signature]

ADDRESS Globe Arizona

20. FILED July 2, 1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 25, 1937 TO July 1, 1937

LAST SAW HIM ALIVE ON June 29, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:30 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

acute enterocolitis DATE OF ONSET June 15, 1937

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: neglect Life

NAME OF OPERATION none DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Examination WAS THERE AN AUTOPSY? no

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 _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY _____ (SIGNED) T. C. Harper M. D. (ADDRESS) Globe, Arizona