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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. \_\_\_\_\_ REGISTERED NO. 20

**STANDARD CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA  
TOWNSHIP Globe OR VILLAGE Blake Addition ST. \_\_\_\_\_ WARD \_\_\_\_\_  
CITY \_\_\_\_\_ NO. \_\_\_\_\_ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Antonio Ramos  
(A) RESIDENCE: NO. Blake Addition ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 23 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE WHEN DEATH OCCURRED 23 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1891

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
46      7      23

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. W P A

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

12. BIRTHPLACE (CITY OR TOWN) Jalisco  
(STATE OR COUNTY) Mexico

13. NAME Hilario Ramos

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

15. MAIDEN NAME Ysabel Gil

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

17. INFORMANT Hruala Ramos  
(ADDRESS) Globe Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Feb. 8, 1938

19. EMBALMER LICENSE NO. 15 A. SIGNATURE Chad O. Jones  
FUNERAL DIRECTOR LICENSE NO. 10 A. SIGNATURE Chad O. Jones  
ADDRESS Globe Arizona

20. FILED Feb. 8, 1938 REGISTRAR Irue Walker

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1938

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Nov. 1, 1937 TO Feb. 6, 1938  
I LAST SAW HIM ALIVE ON Feb. 4, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6-30 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chronic ulcerative pulmonary tuberculosis DATE OF ONSET about 1925

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: L

NAME OF OPERATION none DATE OF \_\_\_\_\_  
WHAT TEST Examination WAS THERE AN AUTOPSY? No  
CONFIRMED DIAGNOSIS \_\_\_\_\_

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? \_\_\_\_\_  
IF SO, SPECIFY (SIGNED) T. C. Harper M. D.  
(ADDRESS) Globe, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION