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MARGIN RESERVED FOR BINDING. EVERY PHYSICIAN SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY CLASSIFIED. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY CLASSIFIED. 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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
City Globe No. 655 South Fourth St. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds.  
How long in State when death occurred? 50 yrs. mos. ds.

2. FULL NAME David Ruiz  
(a) Residence: No. 655 South Fourth St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

State File No. \_\_\_\_\_  
Registered No. 168

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Mrs. — Ruiz (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_ 1866

7. AGE 72 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. Miner-retired

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) Durango (State or Country) Mexico

13. NAME Idnacio Ruiz

14. BIRTHPLACE (city or town) Mexico (State or Country) \_\_\_\_\_

15. MAIDEN NAME Pilar Sierra

16. BIRTHPLACE (city or town) Mexico (State or Country) \_\_\_\_\_

17. INFORMANT Domicio Ruiz (Address) Globe Arizona

18. BURIAL ~~Place~~ Globe Cemetery Date Nov. 5, 1938

19. EMBALMER License No. 18-A Signature Wm. K. Jones  
FUNERAL DIRECTOR License 10A Signature Wm. K. Jones  
Address Globe Arizona  
20. Filed Nov. 5, 1938 Registrar Jane Wallace

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Nov. 2, 1938  
I last saw him alive on Nov. 2, 1938; death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Chronic nephritis  
Chronic Myocarditis

Date of Onset about 1928

Other contributory causes of importance: \_\_\_\_\_

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, Ariz.