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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.

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH  
 County GILA State ARIZONA State File No. 90  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 58  
 City GLOBE No. COUNTY HOSPITAL (GILA) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME JOE RAMIREZ How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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>MEXICAN</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>SINGLE</u>		21. DATE OF DEATH (month, day, and year) <u>JULY 16, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>JULY 16, 1939</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>July 16, 1939</u> to <u>July 16, 1939</u>	
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. _____		I last saw him alive on <u>July 16, 1939</u> ; death is said to have occurred on the date stated above, at <u>9:00a.m.</u>	
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) _____		The principal cause of death and related causes of importance were as follows:	Date of Onset
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		<u>Stillborn (due to premature separation of placenta)</u>	<u>7-16-39</u>
12. BIRTHPLACE (city or town) (State or Country) <u>GLOBE ARIZONA</u>		13. NAME <u>MAXIMINO RAMIREZ</u>		Other contributory causes of importance: _____	
14. BIRTHPLACE (city or town) (State or Country) <u>GLOBE ARIZONA</u>		15. MAIDEN NAME <u>ANGELINA REYES</u>		Name of operation <u>None</u> Date of _____	
16. BIRTHPLACE (city or town) (State or Country) <u>GLOBE ARIZONA</u>		17. INFORMANT (Address) <u>MAXIMINO RAMIREZ GLOBE, ARIZONA</u>		What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>GLOBE CEMETERY</u> Date <u>JULY 16, 1939</u>		19. EMBALMER License No. <u>None</u> Signature <u>J. None</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
19. EMBALMER License No. <u>None</u> Signature <u>J. None</u>		20. File <u>July 16, 1939</u> <u>Ince</u> Registrar.		Where did injury occur? _____ (Specify city or town, county and State)	
20. File <u>July 16, 1939</u> <u>Ince</u> Registrar.		FUNERAL DIRECTOR <u>10-A Fred K. Jones</u> Address <u>GLOBE, ARIZONA</u>		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>T. C. Harper</u> , M. D.	
				(Address) <u>Globe, Ariz.</u>	