

7756

Soc. Sec. #527-07-7262

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

86

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. 40
 Township Globe or Village Gila County Hospital No. 11 St. 11 Ward 11
 City Globe (If death occurred in a hospital or institution, give the NAME instead of street and number)
 Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. How long in U. S. if foreign birth? 47 yrs. 0 mos. 0 ds.
 2. FULL NAME Dionicio C. Ruiz How long in State where death occurred? 47 yrs. 0 mos. 0 ds.
 (a) Residence: South East Edge of Globe (Usual place of abode) (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) Married
 5a. If married, widowed, or divorced HUSBAND of Mrs. Rosa Ruiz (or) WIFE of
 6. DATE OF BIRTH (month, day, and year) 4-15-1882
 7. AGE Years 57 Months 11 Days 3 If LESS than 1 day, hrs. or min.
 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. Cattle Ranch
 10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (city or town) San Bernardo (State or Country) Mexico
 13. NAME Ygnacio Ruiz
 14. BIRTHPLACE (city or town) Mexico (State or Country)
 15. MAIDEN NAME Epemenia Canos
 16. BIRTHPLACE (city or town) Mexico (State or Country)
 17. INFORMANT Mrs. Rosa Ruiz (Address) Globe Ariz.
 18. BURIAL ~~XXXXXXXXXXXX~~ Place Globe Cemetery Date March 20, 1940
 19. EMBALMER License No. 18-A Signature [Signature] FUNERAL DIRECTOR License 10-A Signature [Signature] Address Globe Arizona
 20. Filed Mar 20, 1940 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to March 18, 1940
 I last saw him alive on March 18, 1940; death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Abscess liver
Amoebic
 Other contributory causes of importance:
Chronic Amoebic Dysentery
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) [Signature] M. D.
 (Address) Globe

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.