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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** State File No. 96  
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Middletown No. 1105 Sullivan 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 23 yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 2. FULL NAME Mertine C. Ramirez How long in State when death occurred 23 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 (a) Residence: No. 1105 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_ (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>3-27-40</u> , 19	
5a. If married, widowed, or divorced HUSBAND of <u>Salvador Ramirez</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>11/4/39</u> , 19... to <u>March 27, 1940</u> I last saw her alive on <u>3/24/40</u> , 19...; death is said to have occurred on the date stated above, at <u>2:15 P.M.</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 30, 1887</u>				The principal cause of death and related causes of importance were as follows:		Date of Onset
7. AGE Years <u>53</u> Months <u>1</u> Days <u>28</u>		If LESS than 1 day, ____ hrs. or ____ min.		Pulmonary haemorrhage		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance:		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Pulmonary tuberculosis		
12. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>		13. NAME <u>Miguel Castrejon</u>		Name of operation <u>none</u> Date of _____		
14. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>		15. MAIDEN NAME <u>Gracia Garcia</u>		What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>MEXICO</u>		17. INFORMANT <u>E. Adria Ramirez</u> (Address) <u>Middletown, Arizona</u>		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.		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Local Cemetery</u> Date <u>March 27, 1940</u>		19. EMBALMER { License No. <u>2474 A</u> Signature <u>J. H. ...</u>		Manner of injury _____ Nature of injury _____		
20. Filed <u>March 28, 1940</u> <u>D. Nelson</u> Registrar		FUNERAL DIRECTOR <u>M. ...</u> Address _____		24. Was disease or injury in any way related to occupation of deceased? <u>None</u>		
				If so, specify _____ (Signed) <u>M. E. ...</u> M. D. (Address) <u>Miami, Arizona</u>		