

0322

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

BUREAU OF VITAL STATISTICS

State File No. 80

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Winkelman No. _____ 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 Ramundo M. Miranda How long in State when death occurred? _____ yrs. 3 mos. _____ ds.
 (a) Residence: No. Sonora, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | | | | | | |
|---|---------------------------------|---|-----------------|----------------|---|--|--|--|--|--|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>Mex.</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Singles</u> | | | 21. DATE OF DEATH (month, day, and year) <u>Apr. 4, 1940</u> | | | | | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>April 4, 1940</u> to <u>April 4, 1940</u> | | | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec. 12, 1939</u> | | | | | I last saw him alive on <u>April 4, 1940</u> ; death is said to have occurred on the date stated above, at <u>8:30 p.m.</u> | | | | | | |
| 7. AGE | | Years <u>3</u> | Months <u>3</u> | Days <u>23</u> | The principal cause of death and related causes of importance were as follows: | | | | | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u> | | | | | Date of Onset <u>12-15-39</u> | | | | | | |
| | | | | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u> | | | | | Other contributory causes of importance: | |
| | | | | | | | | | | <u>Inanition</u> <u>Dehydration</u> | |
| 10. Date deceased last worked at this occupation (month and year) <u>none</u> | | | | | 11. Total time (years) spent in this occupation <u>none</u> | | | | | | |
| 12. BIRTHPLACE (city or town) (State or Country) <u>Sonora, Ariz.</u> | | | | | | | | | | | |
| 13. NAME <u>Ramon Miranda</u> | | | | | | | | | | | |
| 14. BIRTHPLACE (city or town) (State or Country) <u>Mammoth, Ariz.</u> | | | | | | | | | | | |
| 15. MAIDEN NAME <u>Carmen Machichid</u> | | | | | | | | | | | |
| 16. BIRTHPLACE (city or town) (State or Country) <u>Gleason, Ariz.</u> | | | | | | | | | | | |
| 17. INFORMANT (Address) <u>Winkelman, Sonora, Ariz.</u> | | | | | | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Winkelman</u> Date <u>4-6, 1940</u> | | | | | | | | | | | |
| 19. EMBALMER { License No. _____ Signature <u>P. J. Hutton</u> FUNERAL DIRECTOR _____ Address _____ | | | | | | | | | | | |
| 20. Filed <u>April 5, 1940</u> Registrar <u>P. J. Hutton</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? _____ <small>(Specify city or town, county and State)</small> 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>John C. Carme</u> M. D. (Address) <u>Hayden, Ariz.</u> | | | | | | |