

2338

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 94

Registrar's No. 25

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 6 Porto Rico Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 1 day
(Specify whether years, months or days) ; In Arizona 1 day
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Gila ; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 1105 A Sullivan St ; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Virginia Ramon (b) If veteran name was _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug 7 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Miami Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Manuel Ramon
13. Birthplace El Paso Texas
(City, town or county) (State or Country)

14. Maiden Name May Martinez
15. Birthplace Yuma Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Manuel Ramon
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Aug 7 1941

18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Aug 8 1941
(Date received local Registrar)

(b) Robert D. Brayton
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 7 1941 ;
TIME (Hour and minute) 10:00 A. M.

21. I hereby certify that I attended the deceased from Aug 7-1941
_____, 1941 to Aug 7 1941 ;
that I last saw her alive on Aug 7 1941 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pr. cardiac - congenital

Due to New born

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in
public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. K. Vance M. D.
Address Prof. Waf. Miami Ariz. Date signed Aug 7/41

DURATION
6 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.