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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 15

1. Place of Death: (a) County Hila (b) City or Town Miami (c) Location On way to store
(If outside city limits also write RURAL) (St. & No. or Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 27 yrs; In Arizona 27 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Hila; (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 1012 Sullivan St (e) If foreign-born, in U. S. A. _____ yrs.

3. (a) FULL NAME Luz Ramos (b) If veteran name war _____ (c) Social Security No. 527-07-094
(If NONE write the word)

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

6. (b) Name of husband Antonio Ramos or wife, if alive 38 yrs.

7. Birth date of deceased July 1 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 17 If less than one day hrs. _____ min. _____

9. Birthplace Clifton Ariz
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business Orn Contracting Co.

12. Name Santiago Ramos

13. Birthplace Achahualulco Mexico
(City, town or county) (State or Country)

14. Maiden Name Pablo Almerndares

15. Birthplace ? Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Paulino Morano

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Cinal (c) Date Feb 19 1942

18. (a) Embalmer's Signature J. Ney Miles Jr.

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz.

19. (a) Feb. 20 - 42.
(Date received local Registrar)

(b) Irene Wausley
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 17 1942
TIME (Hour and minute) 5:15 P. M.

21. I hereby certify that I attended the deceased from Feb 14 1942
to Feb 17 1942

that I last saw him im alive on Feb 17 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

4 Days

9 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (c) Means of injury _____

23. Signature Paulino Morano Address Miami Arizona Date signed 2-18-1942