

2403

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 84

Registrar's No. 18
Mexican Canon
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Mexican Canon
(If outside city limits also write RURAL) (Specify whether years, months or days)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 2 yrs; In Arizona 3 2 yrs
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. 63 Mexican Canon (e) If foreign born, in U. S. A. Yes
3. (a) FULL NAME RAMON OLIVAS JR. (b) War (c) Social Security No. 526-16-9746
(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 or wife Lidia 6. (c) Age of husband or wife, if alive 29 yrs.
7. Birthdate of deceased June 26 1909
(Month) (Day) (Year)
8. AGE: Years 32 Months 8 Days 30 If less than one day hrs. min.
9. Birthplace Miami Arizona
(City, town or county) (State or Country)

10. Usual Occupation Farmer
11. Industry or Business (none)
Father { 12. Name Ramon Olivas
13. Birthplace Pocence Arizona
(City, town or county) (State or Country)
Mother { 14. Maiden Name Luz Valenzuela
15. Birthplace Bisbee Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Jose R. Olivas
(b) Address Miami Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place St. Charles (c) Date 3/23 1942

18. (a) Embalmer's Signature J. J. ...
(b) Funeral Director J. J. ...
(c) Address Miami Arizona

19. (a) MAR 25 1942 (Date received local Registrar)
Alexander D. Brayton (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 21 1942
TIME (Hour and minute) 4:00 PM

21. I hereby certify that I attended the deceased from March 21 1936 to March 21 1942
that I last saw him alive on March 1 1942

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

Immediate cause of death Stag Kin's Disease

Due to _____

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 St. Brayton

23. Signature Alexander D. Brayton
Address Miami Date signed MAR 25 1942

DURATION

6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.