

ARIZONA STATE BOARD OF HEALTH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. 24

1. Place of Death: (a) County Sala (b) City or Town Miami (c) Location 145 Grave Canyon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 26 years; In Arizona 22 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Sala (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 145 Grave Canyon (e) If foreign born, in U. S. A. 32 yrs.
3. (a) FULL NAME JOSE L. RAMIREZ (b) If veteran name war _____ (c) Social Security No. 526-07-0445
(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 BERTHA Ramirez 6. (c) Age of husband or wife, if alive 46 yrs.
7. Birthdate of deceased June 19 1893
(Month) (Day) (Year)
8. AGE: Years 48 Months 9 Days 22 If less than one day hrs. _____ min. _____
9. Birthplace Parrago, Mexico
(City, town or county) (State or Country)
10. Usual Occupation Carpenter
11. Industry or Business Inspection Corp Co
12. Name unknown
13. Birthplace unknown
(City, town or county) (State or Country)
14. Maiden Name unknown
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Bertha Ramirez
(b) Address Miami Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Funeral (c) Date 4-13-1942

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]

19. (a) April 13, 1942
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 11, 1942
TIME (Hour and minute) 12:15 P.M.
21. I hereby certify that I attended the deceased from April 7-42
to April 11-1942
that I last saw him alive on April 11-1942
and that death occurred on the date and hour stated above.
Immediate cause of death Respiratory Paralysis
Broncho Pneumonia
Due to Influenza
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
of autopsy _____

DURATION 1 wk
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) Injury
(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? No injury
(Specify type of place)
While at work? _____
(e) Means of injury _____
23. Signature [Signature]
Address Miami Arizona Date signed April 18, 1942