

693

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

100

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 3035

1. Place of Death: (a) County Yuma (b) City or Town Miami (c) Location 820 Live Oak St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 18 mo; In Arizona 18 mo  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 820 Live Oak St. (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
(c) Social Security No. Frank  
3. (a) FULL NAME Daniel Ramos (b) If veteran name was \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_ (If NONE write the word)

4. Sex male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Oct 24 1924  
(Month) (Day) (Year)  
8. AGE: Years 2 Months 6 Days 21 If less than one day hrs \_\_\_\_\_ min \_\_\_\_\_  
9. Birthplace Chenino Calif  
(City, town or county) (State or Country)  
10. Usual Occupation none  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Cruz Ramos  
13. Birthplace Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Esperanza Hernandez  
15. Birthplace Texas  
(City, town or county) (State or Country)  
16. (a) Informant's own signature X. Lerna Ramos  
(b) Address Miami Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Burial (c) Date 5-16-42  
18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address [Address]  
19. (a) May 15 1942  
(Date received local Registrar)  
(b) Lucien D. Brayson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 15 1942  
TIME (Hour and minute) 10 am M.  
21. I hereby certify that I attended the deceased from May 14  
19 42 to May 15 1942  
that I last saw him alive on May 14 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Broncho-pneumonia  
Due to Influenza  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

3 days  
10 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? (e) Means of injury \_\_\_\_\_  
23. Signature Lucien D. Brayson M.D.  
Address Miami Ariz Date signed May 20 1942