ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

103 V

State File No. ____

Registrar's No. 93

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Gila Gen Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community same (Specify whether years, months or days); In Arizona 30 yrs.

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

(d) Street No. Goat Ranch; (e) If foreign born, in U. S. A. 30 yrs.

3. (a) FULL NAME Julio Ramirez (b) If veteran name war No (c) Social Security No. No (If NONE write the word)

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

6. (b) Name of husband or wife Helen Ramirez, died in 1938 — 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased June (Month) ? (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	?	hrs. ____ min. ____

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

10. Usual Occupation Owner of Goat Ranch

11. Industry or Business ____

Father — 12. Name Martin Ramirez; 13. Birthplace Mexico (City, town or county) (State or Country)

Mother — 14. Maiden Name Juana Gonzalee; 15. Birthplace Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Pasqual Ramirez (Bro)

(b) Address Box 161, Thatcher, Ariz.

17. (a) Burial, Cremation or Removal Removal

(b) Place Pima, Ariz. (c) Date 9/12/42, 19__

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Sept. 15 - 42 (Date received local Registrar)

(b) Joe Ramalee (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 12 1942; TIME (Hour and minute) 8:00AM M.

21. I hereby certify that I attended the deceased from Sept. 10, 1942 to Sept. 12, 1942; that I last saw b[illegible] alive on Sept. 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Coma~~ Peritonitis

Due to Ruptured gastric ulcer

Due to ____

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

Major findings: Of operations Same as above

Of autopsy ____

DURATION
2 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 T. C. Harper M. D.

Address Globe, Ariz. Date signed 9-12-42