

1504

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 97

Registrar's No. 26

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

(d) Length of Stay: In Hospital or Institution 18 days; In Community 30 yrs; in Arizona 30 yrs  
(Specify whether years, months or days)

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. 904 Live Oak; (e) Citizen of foreign country (yes or No) no  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Jesus Ramos (b) If Veteran name was no (c) Social Security No. no

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

6. (b) Name of husband or wife Romany Ramos 6. (c) Age of husband or wife, if alive ✓ yrs.

7. Birthdate of deceased June 16 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months - Days - If less than one day hrs. - min. -

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

10. Usual Occupation miner

11. Industry or Business ✓

Father { 12. Name Jesus Ramos  
13. Birthplace unknown Texas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Antonio Hernandez  
15. Birthplace Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Dolores B. Reynolds  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Cinal (c) Date Apr. 17 1943

18. (a) Embalmer's Signature J. Mey Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) April 22 1943  
(Date received local Registrar)

(b) Nelson D. Brayton  
(Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) April 19 1943;  
TIME (Hour and minute) 12:30 P. M.

21. I hereby certify that I attended the deceased from March 14 1948 to April 19 1943;  
that I last saw him alive on April 17 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Diabetic gangrene  
Due to left foot

Diabetes probably 3 yrs.

Other conditions Blindness 15 yrs  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**DURATION**

1 month

3 yrs.

15 yrs

**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 Nelson D. Brayton M. D.  
Address Miami Ariz. Date signed 4/22/43