

2011

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

69

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 50

1. Place of Death: (a) County Pima (b) City or Town Miami Beach (c) Location #194 Trailer Camp
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 2 mos; in Arizona 2 mos
(Specify whether years, months or days)

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

(d) Street No. #194 Trailer Camp; (e) Citizen of foreign country (yes or No) no
If Yes, which country _____

3. (a) FULL NAME Ramon Arizeto Ochoa (b) If Veteran name war no (c) Social Security No. no

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. no yrs

7. Birthdate of deceased: April 17 1943
(Month) (Day) (Year)

9. AGE: Years Months Days If less than one day
1 23 hrs. min.

9. Birthplace: Miami Arizona
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

Father { 12. Name Quintin Ochoa
13. Birthplace Pasadena Tex
(City, town or county) (State or Country)

Mother { 14. Maiden Name Genevieve Arminada
15. Birthplace Shafter Tex
(City, town or county) (State or Country)

16. (a) Informant's own signature Quintin Ochoa
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date June 10 1943

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

19. (a) June 10 1943
(Date received local Registrar)

(b) Helson D Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 9, 1943;
TIME (Hour and minute) 6:30 P. M.

21. I hereby certify that I attended the deceased from June 6-43
to June 9-1943;

that I last saw him alive on June 9-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to Bacterial infection

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION 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 Raymond D. Brown M. D.
Address Miami Arizona Date signed 6-9-43