

2018

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

(d) Length of Stay: In Hospital or Institution 3 days; In Community 7 days; in Arizona 3 days
(Specify whether years, months or days)

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

(d) Street No. 239 Euclid Ave. (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Joe Ramirez (b) If Veteran name war No (c) Social Security No. 101-15-1588

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant
(b) Name of husband or wife _____ (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 11 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hrs. _____ min. _____

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

10. Usual Occupation None

11. Industry or Business _____

Father } 12. Name Frank Ramirez
13. Birthplace Miami Ariz.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Mary T. Gonzalez
15. Birthplace Miami Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank Ramirez
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date June 15 1943

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

19. (a) June 16 1943
(Date received local Registrar)
(b) Arson S. Brayton
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) June 13 1943
TIME (Hour and minute) 10:20 A.M.

21. I hereby certify that I attended the deceased from June 11 1943 to June 13 1943
that I last saw him alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of Death Respiratory failure
Due to Prematurity
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 Arson S. Brayton M. D.
Address Miami, Ariz. Date signed June 14 1943

DURATION	
3 hrs	
PHYSICIAN	
Underline the cause to which death should be charged statistically	