

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 50

Registrar's No. 55

1. Place of Death: (a) County Sila (b) City or Town Globe (c) Location B. C. 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 23 yrs; In Arizona 23 yrs
(Specify whether years, months or days)

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

(d) Street No. 710 A Live Oak; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Pilar D. Ramos (b) If Veteran name war No (c) Social Security No. 527-07-2379

4. Sex Male 5. Race Latin 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental

6. (b) Name of husband or wife Veriano Ramos 6. (c) Age of husband or wife, if alive 22 yrs.

7. Birthdate of deceased Oct. 12 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 28 hrs. min.
If less than one day

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

10. Usual Occupation Miner

11. Industry or Business Ins. Co.

12. Name Juan Ramos
13. Birthplace Port Davis Texas
(City, town or county) (State or Country)

14. Maiden Name Estimilade Dominguez
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Patricio Ramos

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Arial Cem. (c) Date May 15 1944

18. (a) Embalmer's Signature J. Hernandez

(b) Funeral Director Miller Mortuary

(c) Address Miami Ariz.

19. (a) May 22 44
(Date received Local Registrar)

(b) Drew Wauchoe
(Registrar's Signature)

18 30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 10 1944
TIME (Hour and minute) 11:15 A.M.

21. I hereby certify that I attended the deceased from May 10 1944
to May 10 1944

that I last saw him alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Silicosis

Due to Pulmonary Bacterial Tuberculosis

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

Major findings:
Of operations

Of autopsy

DURATION

1 day

10 yrs

1 yr

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 Alton D. Dwyer M. D.

Address Miami Ariz. Date signed 5/21 44