

1351

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83
Registrar's No. 6

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 35 years; in Arizona 44 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) no
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Felicita M. Ramirez (b) If Veteran No (c) Social Security No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Jesus Ramirez wife, if alive. 66 yrs. 6. (c) Age of husband, if alive. _____ yrs.
7. Birthdate of deceased Nov 27 1877
(Month) (Day) (Year)
8. AGE: Years 66 Months 6 Days 1 If less than one day hrs. _____ min. _____
9. Birthplace Bay City Calif Mex
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business None
Father } 12. Name Victor Martinez
13. Birthplace Bay City Calif Mex
(City, town or county) (State or Country)
Mother } 14. Maiden Name Antonia Ochoa
15. Birthplace Bay City Calif Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Ramona Orozco Rodriguez
(b) Address Box 1063, Hayden, Ariz
17. (a) Burial, Cremation or Removal _____
(b) Place Winkelman Ariz (c) Date 6-15-44 1944
18. (a) Embalmer's Signature P. J. Hutton
(b) Funeral Director P. J. Hutton
(c) Address Winkelman Ariz
19. (a) June 3, 1944
(Date received local Registrar)
(b) D. P. Pech
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 2, 1944
TIME (Hour and minute) 8:15 P.M.
21. I hereby certify that I attended the deceased from March
1944 to June 2, 1944
that I last saw him alive on June 2, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of
intestines
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
about
3 mo.
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? _____ (a) Means of injury _____
23. Signature Charles M. Hutton M. D.
Address Hayden Ariz Date signed 6-3-44