

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 289

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 15 yrs.; In Arizona 15 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME William Francis Rames (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White & Ind. 6. (a) Single, married, widowed or divorced Widower
6. (b) Name of husband Annette Rames, Dec. 6. (c) Age of husband _____ yrs.
7. Birthdate of deceased Dec. 1st 1876
(Month) (Day) (Year)
8. AGE: Years 68 Months 2 Days 24 If less than one day
hrs. _____ min. _____
9. Birthplace Cherry Creek, Nebraska
(City, town or county) (State or Country)

10. Usual Occupation Carpenter
11. Industry or Business _____
Father { 12. Name John Rames
13. Birthplace Germany
(City, town or county) (State or Country)
Mother { 14. Maiden Name Amelia (?) (Indian)
15. Birthplace South Dakota
(City, town or county) (State or Country)

16. (a) Informant's own signature R. V. Rames
(b) Address Miami, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. Globe Date 2/28/45
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) March 14-45
(Date received Local Registrar)
(b) Jesse Warrick
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb. 25th 1945
TIME (Hour and minute) 9:40 AM M.

21. I hereby certify that I attended the deceased from Feb. 2, 1945 to Feb. 25, 1945
that I last saw him alive on Feb. 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Ulcerative pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
10 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 J. S. Harper M. D.
Address Globe, Ariz. Date signed 3-12-45