

4523

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 176
Registrar's No. 11

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 710. A. Line Oak Street
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 25; In Arizona 25
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 710. A. Line Oak Street; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Eryana Rivera (b) If Veteran name war No (c) Social Security No. None

4. Sex Female 5. Race Misc 6. (a) Single, married, widowed or divorced Widowed
White Indian Negro
Oriental Misc 6. (c) Age of husband or wife, if alive _____ yrs.
6. (b) Name of husband or wife deceased Mike Rivera
7. Birthdate of deceased Sept 17 1909
(Month) (Day) (Year)
8. AGE: Years 37 Months 7 Days 13 If less than one day hrs. _____ min. _____
9. Birthplace Arizona New Mexico
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____
12. Name E. Ramos
13. Birthplace Texas
(City, town or county) (State or Country)
14. Maiden Name V. Medrano
15. Birthplace San Antonio New Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Patricio Ramos
(b) Address Miami, Arizona
17. (a) Burial, Cremation or Removal Buried
(b) Place Final Care (c) Date Feb 6 1946
18. (a) Embalmer's Signature J. Ray Jones Jr.
(b) Funeral Director Wills Mortuary
(c) Address Miami, Arizona
19. (a) Feb 9 1946
(Date received Local Registrar)
(b) Alison D. Boynton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 3, 1946
TIME (Hour and minute) 11:30 a.m. M.
21. I hereby certify that I attended the deceased from Jan 2-46
to Feb 3, 1946
that I last saw her alive on Feb 3, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Acute pulmonary tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

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 Donald R. Vloer M. D.
Address Miami, Fla Date signed Feb 8/46