

2175

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 32  
Registrar's No. 50

1. Place of Death: (a) County Gila (b) City or Town Rural (c) Location Chrysotile Ariz.  
(If outside city limits also write RURAL) (Sp. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution no. In Community +9 years in Arizona +9 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Rural  
(If outside city limits also write RURAL)  
(d) Street No. none (e) Citizen of foreign country (yes or No) yes  
If Yes, which country Mexico (If NONE write the word)  
3. (a) FULL NAME Vicerata Ramirez (b) If Veteran name war no Social Security No. none

4. Sex female 5. Color or Race Mex 6. (a) Single, married, widowed or divorced  
6. (c) Age of husband or wife, if alive 76 yrs.  
7. Birthdate of deceased: (Month) (Day) (Year)  
8. AGE: Years 73 Months Apr Days hrs min  
9. Birthplace Wearoats Mexico (City, town or county) (State or Country)  
10. Usual Occupation housewife  
11. Industry or Business  
12. Name unknown  
13. Birthplace unknown (City, town or county) (State or Country)  
14. Maiden Name unknown  
15. Birthplace unknown (City, town or county) (State or Country)  
16. (a) Informant's own signature S. J. Ramirez  
(b) Address Chrysotile Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Chrysotile (c) Date Mar 14 1946  
18. (a) Embalmer's Signature J. Ray Miles Jr.  
(b) Funeral Director J. Ray Miles Jr.  
(c) Address State Arizona  
19. (a) March 14-46 (Date received local Registrar)  
(b) James Warralle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 13, 1946  
TIME (Hour and minute) 5 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Due to Treatment Cancer  
Due to \_\_\_\_\_  
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 Edythe Street M.D. Date signed 3-19-46  
Address Phys 211 State Arizona

DURATION

PHYSICIAN  
Underline the cause to which death should be charged statistically