

666

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **64**

Registrar's No. **59**
(St. & No. (g) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (g) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 6 months In Arizona 3 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. Silva Street; (e) If foreign born, in U. S. A. 42-9 yrs.

3. (a) FULL NAME Antonio Tribner Ruiz (b) If veteran (c) Social Security No. 526 24 9094
(If NONE write the word)

4. Sex Male 5. Color or Race Mex 6. (a) Single, married, widowed or divorced
6. (b) Name of husband or wife Angelita 6. (c) Age of husband or wife, if alive 35 yrs.
7. Birthdate of deceased August 17 1911
(Month) (Day) (Year)
8. AGE: Years 34 Months 9 Days 7 If less than one day hrs min
9. Birthplace Florence Ariz
(City, town or county) (State or Country)

10. Usual Occupation laborer
11. Industry or Business mining
Father { 12. Name Miguel Ruiz
13. Birthplace unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Frankie Tribner
15. Birthplace Florence Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Angelita Ruiz
(b) Address Globe Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Florence Ariz (c) Date 5/26/46
18. (a) Embalmer's Signature Ther Miles Jr.
(b) Funeral Director Ther Miles Jr.
(c) Address Globe Arizona

19. (a) May 27 - 46
(Date received local Registrar)
(b) Irma Warraloe
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 24, 1946;
TIME (Hour and minute) 1:30 P.M. M.
21. I hereby certify that I attended the deceased from May, 1946 to May 24, 1946;
that I last saw him alive on May 24, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 6 1/2 hours
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 Gilbert J. Bosse M. D.
Address Globe Date signed 5-27-46