

4250

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 801  
Registrar's No. 45

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1133 Live Oak St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 wks (prev); In Community 25 yrs; In Arizona 25 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 1133 Live Oak St.; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (f) Social Security No. none  
3. (a) FULL NAME Viviana M. Ramon (b) If Veteran name war \_\_\_\_\_

4. Sex Female 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Widowed  
(b) Name of husband or wife Pilar Ramon (c) Age of husband or wife, if alive 30 yrs.  
7. Birthdate of deceased Dec 2 1895  
(Month) (Day) (Year)  
8. AGE: Years 50 Months 6 Days 22 hrs. min.  
9. Birthplace Silver City New Mex.  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)  
14. Maiden Name Juana Medrano  
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Patricia Ramon  
(b) Address 1133 Live Oak Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Funeral Home (c) Date June 28 1946  
18. (a) Embalmer's Signature J. Ray Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) June 20 1946 (Date received Local Registrar)  
(b) Lillian S Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1946  
TIME (Hour and minute) 2:30 A.M.  
21. I hereby certify that I attended the deceased from June 25  
19 46 to June 25 19 46  
that I last saw her alive on June 25 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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 Lillian S Brayton M.D. Date signed July 7 1946  
Address Miami