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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 71  
Registrar's No. 48

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 14 hrs; In Community 33 yrs; In Arizona 33 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. 1015 Depot Rd; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (f) Social Security No. 626-07-1837  
3. (a) FULL NAME John M. Ramirez (b) If Veteran name war no

4. Sex Male 5. Race  White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Married  
6. (c) Age of husband or wife, if alive 59 yrs.  
7. Birthdate of deceased May 13 1887  
(Month) (Day) (Year)  
8. AGE: Years 59 Months 2 Days 23 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Jalisco Mexico  
(City, town or county) (State or Country)  
10. Usual Occupation Laborer  
11. Industry or Business Lime Quarry  
Father { 12. Name Miguel Ramirez  
13. Birthplace Jalisco Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Macedonia Ramirez  
15. Birthplace Jalisco Mex  
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank Ramirez  
(b) Address Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinol Cem. (c) Date Aug 10 1946  
18. (a) Embalmer's Signature J. D. Miles Jr  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) AUG 15 1946  
(Date received Local Registrar)  
(b) Harold D. Clayton  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Aug 6 1946  
TIME (Hour and minute) 7:30 A.M.  
21. I hereby certify that I attended the deceased from July 5, 46  
to Aug 6-46 19\_\_\_\_;  
that I last saw him alive on Aug 6-46 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Streptococcus  
Due to Streptococcus throat  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
3 days  
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 A. G. Hays M.D.  
Address Miami Ariz Date signed 8-10-46