

10-12-46

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 94
Registrar's No. 59

1. Place of Death: (a) County Gila (b) City or Town Miami (Rural) (c) Location Hooper Lime Kiln
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 2 mo.; In Arizona 2 mo.
(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. Lime Kiln (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Michael Rambler (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex _____ 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Infant
(b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 26 1946
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
2 27 hrs. min.

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)
10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Homer P. Rambler
13. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Olive Talgo
15. Birthplace Bylas Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Homer P. Rambler
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos (c) Date Sept 24 1946

18. (a) Embalmer's Signature J. Mey Miles
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Sept 26 1946
(Date received Local Registrar)
(b) Nelson D. Brayton g.g.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 23 1946
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to pneumonia

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____
Of autopsy No physician attended

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 Yes (a) Means of injury _____

23. Signature John Carpenter - Coroner M.D.
Address Miami Date signed 9-24-46