

8114

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 84

Registrar's No. 25

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

1. Place of Death: (a) County Dila (b) City or Town Miami (c) Location 722 Keegan Street  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 months; In Arizona 37 years  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Dila (c) City or Town Miami  
(If outside city limits also write RURAL)

(d) Street No. 722 Keegan Street (e) Citizen of foreign country (Yes or No) Yes  
If Yes, which country Mexico (c) Social Security No. none

3. (a) FULL NAME Marie Macias Ramos (b) If Veteran name war \_\_\_\_\_

4. Sex Female 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Diego 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

8. AGE: Years about 75 Months \_\_\_\_\_ Days \_\_\_\_\_ 9. Birthplace Jalisco Mexico  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Unknown

12. Name Unknown 13. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

14. Maiden Name Unknown 15. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

16. (a) Informant's own signature Pete Ramos (b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial (b) Place Pinal County (c) Date Apr 22 1947

18. (a) Embalmer's Signature J. Ray White (b) Funeral Director Melvin Mortimer

(c) Address Miami Ariz

19. (a) April 22 1947 Date received Local Registrar (b) Nelson D. Bryant (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 20, 1947  
TIME (Hour and minute) 12:30 P.M.

21. I hereby certify that I attended the deceased from April 17 47 to April 20 47  
that I last saw her alive on April 20, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to arteriosclerosis

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

12 hrs

3 yrs

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 Nelson D. Bryant M. D. Date signed Apr 21 1947  
Address Miami Ariz