

675

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

107

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 67

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 403 Indian Ave.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 11 mo. 18 da.; In Arizona 11 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. 403 Indian Ave.; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (c) Social Security No. none

3. (a) FULL NAME Virginia Norma Ramirez (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. none

4. Sex Female 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Infant (b) (c) Age of husband or wife, if alive. \_\_\_\_\_ yrs.

7. Birthdate of deceased Dec 3 1946  
(Month) (Day) (Year)

8. AGE: Years 0 Months 11 Days 18 if less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name Frank Ramirez 13. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

14. Maiden Name Mary P. Gonzalez 15. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

16. (a) Informant's own signature X Frank Ramirez  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Miami Ariz. (c) Date Nov 24 1947

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

19. (a) Nov 27 1947  
(Date received Local Registrar)  
(b) Lenora D. ...  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 21 1947  
TIME (Hour and minute) 6:30 A.M.

21. I hereby certify that I attended the deceased from 11-17-47 to 11-20-47, 1947  
that I last saw hER alive on 11-20-47, 1947

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

Immediate cause of death WHOPPING COUGH

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within three months of death)

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

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

DURATION 1 WK

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 (e) Means of injury \_\_\_\_\_

23. Signature J. M. ... M. D.  
Address Miami Ariz. Date signed 11-21-47