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W. Lambrecht

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 0		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami Rural</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miami - Ins. Hosp.</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>14 Marion Canyon</i>		
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Baby</i> B. (MIDDLE) C. (LAST) <i>Ramos</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>	
	6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Oct.</i> DAY <i>5</i> YEAR <i>1949</i>		8. AGE YEARS MONTHS DAYS <i>0 0 0</i>	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>None</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
	14A. FATHER'S NAME <i>Pilar Ramos</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Hesperia N. Mex.</i>		15A. MOTHER'S MAIDEN NAME <i>Leonore Gonzalez</i>	
16. INFORMANT'S SIGNATURE <i>Pilar Ramos</i>			17. DATE OF DEATH (MONTH, DAY, YEAR) <i>Oct. 5 1949</i>			
USE OF DATA (A 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEAVY FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Stillborn</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) <i>unknown</i> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
METH TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____. THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
ICAL ONER'S CATION	23A. SIGNATURE (DEGREE OR TITLE) <i>W. Lambrecht M.D.</i>			23B. ADDRESS <i>Miami Ariz</i>		23C. DATE SIGNED <i>10-6-49</i>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Oct. 5, 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
RAL CTOR ID TRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz</i>		25A. DATE REC'D BY LOCAL REG. <i>10/18/49</i>		25B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez, Deputy Registrar</i>	
	25C. FUNERAL DIRECTOR'S SIGNATURE <i>W. Lambrecht</i>		25D. ADDRESS			