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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2313

CERTIFICATE OF DEATH

BIRTH NO. 4740

REGISTRAR'S NO. 18

RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Sila</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE DEATH) A. STATE <i>Ariz.</i> B. COUNTY <i>Maricopa</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 MOS 2140</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>1007 Frederick</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1007 Frederick St</i>		
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Leo</i> B. (MIDDLE) <i>G</i> C. (LAST) <i>Ramirez</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>April</i> DAY <i>10</i> YEAR <i>1949</i>		8. AGE YEARS MONTHS DAY <i>10 months 0 0</i>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Infant</i>		9B. KIND OF BUSINESS OR INDUSTRY		9C. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		12. SOCIAL SECURITY NO. <i>None</i>	
FAMILY HISTORY	14A. FATHER'S NAME <i>Leo G. Ramirez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mary Ariz.</i>		15A. MOTHER'S MAIDEN NAME <i>Clorenda Padilla</i>	
	14C. FATHER'S BIRTHPLACE (STATE OR COUNTRY) <i>Mary Ariz.</i>		14D. MOTHER'S BIRTHPLACE (STATE OR COUNTRY) <i>Mary Ariz.</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mary Ariz.</i>	
	16. INFORMANT'S SIGNATURE <i>Leo G. Ramirez</i> ADDRESS <i>Mary Ariz.</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>April 10 1949</i>		
CAUSE OF DEATH	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART 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>Prematurity</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c): II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
CIRCUMSTANCES	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)	
	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?	
DECLARATION	22. I HEREBY CERTIFY THAT I EXAMINED THE DECEASED FROM <i>April 10 1949</i> TO <i>April 10 1949</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>April 10 1949</i> AND THAT DEATH OCCURRED AT <i>11 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <i>Felton D. Keyton</i> (DEGREE OR TITLE)			23B. ADDRESS <i>Mesa Ariz.</i>		23C. DATE SIGNED <i>April 11</i>
FUNERAL	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>April 11, 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mary Cemetery</i>	
	24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <i>Mary Ariz.</i>		25. DATE RECEIVED BY LOCAL REG. <i>April 11</i>			
REGISTRAR	25B. REGISTRAR'S SIGNATURE <i>Felton D. Keyton</i>			25C. FUNERAL DIRECTOR'S SIGNATURE <i>Edna S. Miles</i>		
	25D. ADDRESS <i>Mesa Ariz.</i>			25E. ADDRESS <i>Mesa Ariz.</i>		