

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

853

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH A. COUNTY Gila</p> <p>C. CITY OR TOWN Miami</p> <p>D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1000 Sullivan St.</p>		<p>2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona, B. COUNTY Gila</p> <p>C. CITY OR TOWN Miami</p> <p>D. STREET ADDRESS 1000 Sullivan St.</p>		<p>REGISTRAR'S NO.</p> <p>IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (TYPE OR PRINT) Martin</p> <p>6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married</p> <p>7. DATE OF BIRTH MONTH Dec, DAY 1, YEAR 1952</p> <p>8. AGE (IN YEARS) IF UNDER 1 YEAR (IF UNDER 1 MONTHS) 2</p> <p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Infant</p>		<p>4. SEX Male</p> <p>5. COLOR OR RACE Mexican</p> <p>12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No</p> <p>13. SOCIAL SECURITY NO. None</p>		<p>19. DATE OF OPERATION</p> <p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (STATE)</p>	
<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona</p> <p>11. CITIZEN OF WHAT COUNTRY? U.S.A.</p> <p>14. FATHER'S NAME Ramon Ruiz</p> <p>15A. MOTHER'S MAIDEN NAME Lydia Rubio</p>		<p>16. INFORMANT'S SIGNATURE <i>Ramon Ruiz</i></p> <p>17. DATE OF DEATH (MONTH) Feb., (DAY) 3, (YEAR) 1953</p>		<p>18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) Bacterial pneumonia</p> <p>19B. MAJOR FINDINGS OF OPERATION</p>	
<p>19A. DATE OF OPERATION</p> <p>21A. ACCIDENT SUICIDE HOMICIDE</p> <p>21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) Feb 3 1953 11:50 A.M.</p> <p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>21F. HOW DID INJURY OCCUR?</p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p> <p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>		<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Feb 1 1953 AND THAT DEATH OCCURRED AT 11:50 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p> <p>23A. SIGNATURE <i>B. E. Sambrecht M.D.</i></p> <p>23B. ADDRESS Miami, Ariz.</p> <p>23C. DATE SIGNED 2-3-53</p>	
<p>24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/></p> <p>24B. DATE Feb. 3 1953</p> <p>24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery</p> <p>24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.</p>		<p>25A. DATE REC'D BY LOCAL REG. Feb. 3 1953</p> <p>25B. REGISTRAR'S SIGNATURE <i>Alison D. Chaylou</i></p> <p>26. FUNERAL DIRECTOR'S SIGNATURE <i>Walter M. Min</i></p> <p>27. EMBALMER'S SIGNATURE <i>Walter M. Min</i></p> <p>ADDRESS 2400</p> <p>CERT. NO.</p>			