

#1715

IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		17633	
COUNTY OF <u>Dunk</u>		No. _____ Street _____		Registrar's No. <u>158</u>	
CITY OR PRECINCT NO. <u>#2</u>		If in an institution, give name of institution instead of Street and No.			
Length of residence in city where death occurred <u>15</u> yrs. <u>0</u> mos. <u>0</u> days		How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days			
2. FULL NAME OF DECEASED <u>Aubrey B. Ramirez</u>					
RESIDENCE OF THE DECEASED No. <u>71</u> Street <u>Overton</u> City <u>Dex</u> State _____					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single <u>Married</u>	6. Date of death (month, day, and year) <u>4-10-1937</u>		
7. AGE <u>15</u> Years <u>11</u> Months <u>7</u> Days If LESS than 1 day _____ hrs. or _____ min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Schoolboy</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) <u>3/18</u>					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (City or Town) (State or Country) <u>Dex</u>					
13. NAME <u>Ira E. Ramirez</u>					
14. BIRTHPLACE (City or Town) (State or Country) <u>Callpi Co. Tex</u>					
15. MAIDEN NAME <u>Anna Lee Wagner</u>					
16. BIRTHPLACE (City or Town) (State or Country) <u>Garbage Tex</u>					
17. INFORMANT <u>J. C. Wagner</u>					
(Address) <u>Garbage Tex</u>					
18. BURIAL <u>Callpi Co. Tex</u>					
REMOVAL <u>Callpi Co. Tex</u> Date <u>3/20</u> 1937					
19. UNDERTAKER <u>A. C. Brown</u>					
(Address) <u>Callpi Co. Tex</u>					
20. SIGNATURE OF REGISTRAR <u>M. J. Courtney</u>					
FILE <u>3-25-37</u> 198					
DATE					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3/18</u> 1937					
22. I HEREBY CERTIFY that the deceased died from <u>Death</u> 1937					
I last saw him alive on _____ 1937; death is said to have occurred on the date stated above, at <u>3:30</u> p.m. The principal cause of death and related causes of importance was as follows: <u>Explains</u>					
Other contributory causes of importance: <u>Fracture of skull</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u>					
Date of injury <u>3/18</u> 1937					
Where did injury occur? <u>Callpi Co. Tex</u> (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Public Place</u>					
Manner of injury <u>Explains</u>					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>M. J. Courtney</u>					
(Address) <u>Callpi Co. Tex</u>					

