

2222

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
County Graham State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Solomonsville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child MONGINA, Ramon (If child is not yet named, make supplemental report, as directed)

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Married? \_\_\_\_\_ 8. Date of birth Aug. 25, 1903, 19\_\_\_\_ (Month, day, year)

<p>9. Full name <u>FATHER</u> <u>MONGINA, Ramon</u></p> <p>10. Residence (usual place of abode) (If non-resident, give place and State) _____</p> <p>11. Color or race <u>CBU</u> 12. Age at last birthday _____ (Years)</p> <p>13. Birthplace (city or place) (State or country) <u>Arizona</u></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____</p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____</p> <p>16. Date (month and year) last engaged in this work _____ 19____</p> <p>17. Total time (years) spent in this work _____</p>	<p>18. Full maiden name <u>MOTHER</u> <u>CASANOVA, Maria</u></p> <p>19. Residence (usual place of abode) (If non-resident, give place and State) _____</p> <p>20. Color or race <u>CBU</u> 21. Age at last birthday _____ (Years)</p> <p>22. Birthplace (city or place) (State or country) <u>Arizona</u></p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____</p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work _____ 19____</p> <p>26. Total time (years) spent in this work _____</p>
---	--

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was (Alive) at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John H. Lacy \_\_\_\_\_ M. D.  
Address \_\_\_\_\_  
Filed \_\_\_\_\_ 19\_\_\_\_  
Registrar \_\_\_\_\_

Given name added from \_\_\_\_\_ (Date of) \_\_\_\_\_  
supplemental report \_\_\_\_\_

Registrar \_\_\_\_\_



4000087

STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

Estate File No. 5079  
Registrar's No. 921

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Pima County Hos.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 9-6-48 In Community 3 weeks In Arizona 3 weeks  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Pima (c) City or Town Tucson  
(If outside city limits also write RURAL)  
(d) Street No. 316 East Third Street (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME RAMON MUNGUIA (b) If veteran name war. no (c) Social Security No. none

4. Sex Male 5. Race White Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Divorced  
7. Birthdate of deceased August 25, 1903  
(Month) (Day) (Year)  
8. AGE: Years 45 Months - Days 11 hrs. - min. If less than one day  
9. Birthplace Solomonville, Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation Chief Personal Southern Pacific of Mexico  
11. Industry or Business

12. Name Ramon Munguia  
13. Birthplace Tucson, Arizona  
(City, town or county) (State or Country)  
14. Maiden Name Maria Cosanona  
15. Birthplace Tucson, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Brinkman  
(b) Address 316 E. 3rd St., Tucson, Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Holy Hope Cem. (c) Date 9/9/48  
18. (a) Embalmer's Signature Chris A. Reilly  
(b) Funeral Director Reilly Funeral Home  
(c) Address 102 E. Pennington, Tucson, Ariz.

19. (a) 9-8-48 (Date received Local Registrar)  
(b) [Signature] (Registrar's Signature)  
15M-100% Reg-48

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 6, 1948  
TIME (Hour and minute) 9:15 P. M.  
21. I hereby certify that I attended the deceased from 9-6-48 to 9-6-48, 1948  
that I last saw him alive on 9-6-48, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral vascular failure  
Due to Terminal cirrhosis of the liver  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within three months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None

DURATION

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

23. Signature W.J. Carmel M. D.  
Address Pima Co. Hosp Date signed 9/7/48

*(Provided Amador)*

This is Ramon Mungua (Junior)  
 Brenda Amohert was his sister  
 (Calif. death records spells it  
 AMADRIL)

**ARIZONA STATE DEPARTMENT OF HEALTH**  
**DIVISION OF VITAL STATISTICS**

STANDARD INTERNATIONAL DEATH CERTIFICATE  
 (REVISED 1956)  
 FOR REPORTING DEATHS OCCURRING IN THE UNITED STATES

1. Name of Deceased (Last, First, Middle Initial)  
 RAMON MUNGUJA

2. Date of Death (Month, Day, Year)  
 1-1-78

3. Place of Death (City, County, State)  
 Tucson, Pima, Arizona

4. Sex  
 Male

5. Race  
 Hispanic

6. Date of Birth (Month, Day, Year)  
 1-1-48

7. Place of Birth (City, County, State)  
 Mexico

8. Marital Status  
 Divorced

9. Name of Spouse (Last, First, Middle Initial)  
 Maria Teresa

10. Date of Marriage (Month, Day, Year)  
 1-1-72

11. Date of Divorce (Month, Day, Year)  
 1-1-78

12. Cause of Death (List all causes, beginning with the immediate cause, and giving the nature and extent of each)  
 Coronary artery disease  
 Myocardial infarction  
 Atherosclerosis of the heart

13. Nature of Injury (If death was due to external cause, list the nature, extent, and location of injury)  
 None

14. Manner of Death (If death was due to external cause, list the manner of death)  
 None

15. Signature of Physician (Print Name)  
 Dr. [Signature]

16. Signature of Registrar (Print Name)  
 [Signature]

17. Date of Registration (Month, Day, Year)  
 1-1-78

18. Registrar's Office (City, County, State)  
 Tucson, Pima, Arizona

19. Name of Hospital (If death occurred in a hospital, list the name)  
 Holy Hope Hospital

20. Name of Doctor (If death occurred in a hospital, list the name)  
 Dr. [Signature]

21. Name of Funeral Home (If death occurred in a hospital, list the name)  
 [Signature]

22. Name of Undertaker (If death occurred in a hospital, list the name)  
 [Signature]

23. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

24. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

25. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

26. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

27. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

28. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

29. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

30. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

31. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

32. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

33. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

34. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

35. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

36. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

37. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

38. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

39. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

40. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

41. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

42. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

43. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

44. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

45. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

46. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

47. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

48. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

49. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

50. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

51. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

52. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

53. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

54. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

55. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

56. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

57. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

58. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

59. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

60. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

61. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

62. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

63. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

64. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

65. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

66. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

67. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

68. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

69. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

70. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

71. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

72. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

73. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

74. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

75. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

76. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

77. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

78. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

79. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

80. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

81. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

82. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

83. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

84. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

85. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

86. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

87. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

88. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

89. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

90. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

91. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

92. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

93. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

94. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

95. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

96. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

97. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]

98. Name of Burial Place (If death occurred in a hospital, list the name)  
 [Signature]

99. Name of Cemetery (If death occurred in a hospital, list the name)  
 [Signature]

100. Name of Interment (If death occurred in a hospital, list the name)  
 [Signature]