

CERTIFICATE OF DEATH

REGISTRAR'S NO. 325

BIRTH NO.

14 04
CE OF DEATH
AND 19
AL RESIDENCE
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1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>41 yrs</u> IN ARIZONA <u>41 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>1068 Barautti st.</u>					

DECEDENT 1
PERSONAL 1
DATA 105
954

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Domenic</u> B. (MIDDLE) <u>Tony</u> C. (LAST) <u>Rosa</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>
6B. NAME OF SPOUSE <u>Lena Marie Giacoletti</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>19</u> YEAR <u>1890</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>65</u>	IF UNDER 1 YEAR MONTHS <u>5</u> DAYS <u>5</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>copper mining</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Turino, Italy</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>yes</u>	IF YES, WAR OR DATES OF SERVICE <u>World War I USA</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>copper mining shift boss</u>
14A. FATHER'S NAME <u>Mr John Rosa</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Italy</u>	15A. MOTHER'S MAIDEN NAME <u>Cathleen Revelio</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Italy</u>
16. INFORMANT'S SIGNATURE (with ADDRESS) <u>Ms Lena m Rosa 1068 Barautti St</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>September 24, 1955 at 3:30 p.m.</u>		

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (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. <u>230c</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (A) <u>Silicosis 3rd Stage</u> DUE TO (B) <u>Coal</u> DUE TO (C) <u>Pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 24, 1955, TO Sept 24, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Sept 24, 1955, AND THAT DEATH OCCURRED AT 3:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <u>William E Bishop MD</u>	22B. ADDRESS <u>Globe Arizona</u>	22C. DATE SIGNED <u>9-24-55</u>
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Sept 27, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery IOOF sect</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>9-23-55</u>	26B. REGISTRAR'S SIGNATURE <u>Doree Hauver</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jose James elbert</u>	27B. ADDRESS <u>Globe, Arizona</u>