

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13

21 04
E/OF DEATH
5 AND 25
L RESIDENCE
X-

PRECEDENT 3
PERSONAL 3
DATA 187

458

794 X
CAUSE
OF DEATH 0
ITEM 18) 0

OPERATIONS, AUTOPSY 2

MEDICAL CERTIFICATION 4

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION 5

MUNICIPAL DIRECTOR AND REGISTRAR 2

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1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 43 Yrs IN ARIZONA 53 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Miami		D. FULL NAME OF HOSPITAL OR INSTITUTION 87 Chisholm Ave.		C. CITY OR TOWN Miami			
D. FULL NAME OF HOSPITAL OR INSTITUTION 87 Chisholm Ave.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 87 Chisholm Ave.					
3. NAME OF DECEASED (TYPE OR PRINT) Ciriaco Romero			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
6B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH 6 DAY 18 YEAR 1869	8. AGE (IN YEARS LAST BIRTHDAY) 87 Yrs.	9. UNDER 1 YEAR MONTHS DAYS	10. UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Miner	
9B. KIND OF BUSINESS OR INDUSTRY Copper Mine	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. None			
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
16. INFORMANT'S SIGNATURE Welfare Files			ADDRESS Globe, Ariz.		17. DATE OF DEATH MONTH April DAY 7 YEAR 1957		
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED:		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Senility</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>After Death</i> TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>Leo J. Callahan MD.</i>			22B. ADDRESS Miami, Arizona.		22C. DATE SIGNED 4/8/57		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>Natural Cause</i>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Home</i>		23C. (CITY OR TOWN) (COUNTY) (STATE) Miami, Gila, Ariz			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE <i>John Carpenter</i>			24B. ADDRESS Miami, Arizona.		24C. DATE SIGNED 4/8/57		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE April 9, 1957		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
26A. DATE REC. BY LOCAL REG. April 10 57		26B. REGISTRAR'S SIGNATURE <i>Rebecca Gray</i>		27A. MUNICIPAL DIRECTOR'S SIGNATURE <i>W. H. Miller</i>		27B. ADDRESS <i>See City</i>	