

1521

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH: County Gila, State Arizona, Township Miami, City Miami. 2. FULL NAME: Francisco Romero, How long in state when death occurred? 23 yrs. (a) Residence: No. 528 Gibson, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male, 4. COLOR OR RACE: Mex, 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Single, 6. DATE OF BIRTH: Dec. 25, 1911, 7. AGE: 23 Years, 8. Trade, profession, or particular kind of work done: Janitor, 11. Total time (years) spent in this occupation: 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept. 25, 1934, 22. I HEREBY CERTIFY that I attended deceased from Sept 24, 1934, to Sept 25, 1934. Principal cause of death: Pulmonary Tuberculosis, Date of Onset: Jan 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12. BIRTHPLACE: Mexico, 13. NAME: Prudenciano Romero, 14. BIRTHPLACE: Mexico, 15. MAIDEN NAME: Josefa Flores, 16. BIRTHPLACE: Mexico, 17. INFORMANT: A. Trujillo, 18. BURIAL, CREMATION OR REMOVAL: Final Cemetery, Date: Sept. 27, 1934, 19. UNDERTAKER: Miles Mortuary, Miami, Arizona, 20. Filed: Sept. 29, 1934, C. M. Cron, Registrar

Name of operation: None, Date of: None, What test confirmed diagnosis? None, 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None, Date of injury: , 19, Where did injury occur? (Specify city or town, county and State), Manner of injury: None, Nature of injury: , 24. Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) Cyril M. Cron, Registrar, (Address) Miami, Arizona