

725

1000

Arizona State Board of Health

1. PLACE OF DEATH  
 STANDARD CERTIFICATE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 7  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. Rear 636 North Broad ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Life MOS. \_\_\_\_\_ DS. \_\_\_\_\_ HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Adolph Rabogliatti HOW LONG IN STATE WHEN DEATH OCCURRED Life YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. Rear 636 North Broad ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-1922

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.  
12 6 26

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.  
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Student

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Globe Arizona

13. NAME Domenic Rabogliatti

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Italy

15. MAIDEN NAME Isabelle Perino

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Italy

17. INFORMANT (ADDRESS) Domenic Rabogliatti Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE 1/22/35 19. EMBALMER LICENSE NO. 181-A SIGNATURE Att. Hirsch FUNERAL DIRECTOR LICENSE #10-A Fred Jones ADDRESS Globe Arizona

20. FILED Jan. 30, 1935 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan. 17, 1935 TO Jan. 19, 1935  
 I LAST SAW him ALIVE ON Jan 18, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:45 A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Primary Broncho pneumonia DATE OF ONSET Jan. 17, 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION none DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Examination WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
 IF SO, SPECIFY \_\_\_\_\_ M. D.  
 (SIGNED) T. C. Harper  
 (ADDRESS) Globe, Arizona

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.