

7887

Dr. Harper

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 60

MARGIN RESERVED FOR BINDING  
Every item of information 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.

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 61  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. 620 N. Hill St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF NUMBER)  
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. \_\_\_\_\_ MOS. 1 DS. \_\_\_\_\_ HOW LONG IN U.S. IF OF FOREIGN BIRTH YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 HOW LONG IN STATE WHEN DEATH OCCURRED YRS. \_\_\_\_\_ MOS. 1 DS. \_\_\_\_\_  
 2. FULL NAME Marion Romo  
 (A) RESIDENCE: NO. 620 N. Hill St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1936

7. AGE YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAYS 1 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

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

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

FATHER 13. NAME Tony Romo  
 14. BIRTHPLACE (CITY OR TOWN) Phoenix, Arizona  
 (STATE OR COUNTY)

MOTHER 15. MAIDEN NAME Emma Rodriguez  
 16. BIRTHPLACE (CITY OR TOWN) Colorado  
 (STATE OR COUNTY)

17. INFORMANT Tony Romo  
 (ADDRESS) Globe, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial  
 PLACE Globe cemetery DATE July 2, 1936

19. EMBALMER LICENSE NO. 18-A  
 SIGNATURE [Signature]  
 FUNERAL DIRECTOR 10-A Fred R. Jones  
 ADDRESS Globe, Arizona

20. FILED July 11, 1936 REGISTRAR [Signature]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 1, 1936 TO July 2, 1936  
 I LAST SAW HIM ALIVE ON July 2, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:35 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

atelectasis of lung resulting in Broncho pneumonia July 1, 1936

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: DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_  
 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 \_\_\_\_\_  
 (SIGNED) J. S. Hawley M. D.  
 (ADDRESS) Globe, Arizona