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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** **BUREAU OF VITAL STATISTICS**

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1. PLACE OF DEATH
 County Gila State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. 9
 City Hayden No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
 Length of residence in city or town where death occurred? 23 yrs. 03 mos. 03 ds. How long in U. S. or of foreign birth? 23 yrs. 03 mos. 03 ds.

2. FULL NAME Manuel Romo How long in State when death occurred? 23 yrs. 03 mos. 03 ds.
 (a) Residence: No. Hayden, Arizona St. _____ Ward _____ (non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, year) <u>July 1, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>37</u> to _____, 19 <u>37</u> I last saw him alive on <u>July 10, 1937</u> ; death is said to have occurred on the date stated above, at <u>10:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> Date of Onset _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, year) <u>Dec 9, 1912</u>	7. AGE	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	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) (state or country) <u>Galisco, Mex</u>			
13. NAME <u>Manuel Romo</u>		14. BIRTHPLACE (city or town) (State or country) <u>Galisco, Mex</u>			
15. MAIDEN NAME <u>María Romo</u>		16. BIRTHPLACE (city or town) (State or country) <u>Galisco, Mex</u>			
17. INFORMANT (Address) <u>Edo Rijen Romo Hayden</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Hayden, Ariz</u> Date <u>7-3-1937</u>			
19. UNDERTAKER (Address) <u>P. K. Whittam Hayden, Ariz</u>		20. Filed <u>7-2-1937</u> <u>WSD/gac</u> Registrar			
				23. If death was due to external causes (violence) fill in also the following: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 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? _____ If so, specify _____ (Signed) <u>Charles B. Hurst</u> , M. D. (Address) <u>Hayden, Ariz</u>	

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information