

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 107

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 5
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY Globe No. 620 North Hill St. 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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Mary Louise Romo HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 620 North Hill St. ST. _____ WARD. _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1938</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 11, 1938</u> TO <u>Jan 11, 1938</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				I LAST SAW H. ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2-30 P</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1938</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: _____ DATE OF ONSET _____	
7. AGE YEARS _____ MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>still born</u>	
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) <u>Globe</u> (STATE OR COUNTY) <u>Ariz.</u>				NAME OF OPERATION _____ DATE OF _____	
13. NAME <u>Tony Romo</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
14. BIRTHPLACE (CITY OR TOWN) <u>Phoenix</u> (STATE OR COUNTY) <u>Ariz.</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
15. MAIDEN NAME <u>Emma Rodriguez</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
16. BIRTHPLACE (CITY OR TOWN) <u>Colo.</u> (STATE OR COUNTY) _____				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
17. INFORMANT <u>Tony Romo</u> (ADDRESS) <u>Globe, Ariz.</u>				MANNER OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>Jan. 12, 1938</u>				NATURE OF INJURY _____	
19. EMBALMER LICENSE NO. <u>184</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR LICENSE NO. <u>1042</u> SIGNATURE <u>[Signature]</u> ADDRESS <u>Globe Ariz.</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
20. FILED <u>Jan 12, 1938</u> REGISTRAR <u>[Signature]</u>				IF SO, SPECIFY (SIGNED) <u>[Signature]</u> M. D. (ADDRESS) <u>[Address]</u>	

908-1-25-26 FORM 2-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION