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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

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. 072  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a 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 Pedro Rosales How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. \_\_\_\_\_ 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>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day and year) <u>Apr 13 1938</u>	I HEREBY CERTIFY that I attended deceased from <u>Apr 12 1938</u> to <u>Apr 13 1938</u> I last saw him alive on <u>Apr 12 1938</u> ; death is said to have occurred on the date stated above, at <u>1:59 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> Date of Onset _____	
6a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Carmen Garcia</u>				22. I last saw him alive on _____; death is said to have occurred on the date stated above, at _____		
6. DATE OF BIRTH (month, day, and year) <u>1898</u>					Other contributory causes of importance: _____	
7. AGE Years <u>40</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.					Name of operation _____ Date of _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common</u>					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)	
10. Date deceased last worked at this occupation (month and year) <u>Feb 1935</u> 11. Total time (years) spent in occupation <u>28</u>					Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE (city or town) (State or Country) <u>Durango, Mexico</u>					Manner of injury _____	
13. NAME <u>Lasaro Rosales</u>					Nature of injury _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
15. MAIDEN NAME <u>Guadalupe Rodriguez</u>					If so, specify _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>					(Signed) <u>Charles H. Harts</u> M. D. (Address) <u>Hayden Ariz</u>	
17. INFORMANT (Address) <u>Joseph Rosales</u>					20. Filed <u>4/13/38</u> , 19 <u>38</u> Registrar	
18. BURIAL, CREMATION, OR REMOVAL, Place <u>Wm. Hayden Ariz</u> Date <u>4/13/38</u> , 19 <u>38</u>						
19. EMBALMER { License No. _____ Signature <u>[Signature]</u>						
FUNERAL DIRECTOR { Address <u>[Signature]</u>						