

9117

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

State File No. 76  
Registered No. 11

1. PLACE OF DEATH  
 County: Gila State: ARIZONA  
 Township: Hayden or Village: \_\_\_\_\_  
 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. 10 mos. \_\_\_\_ ds. How long in U. S. if of foreign birth?—yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 2. FULL NAME Romulo Rosas, Jr. How long in State when death occurred?—yrs. 10 mos. \_\_\_\_ ds.  
 (a) Residence: No. Hayden Ariz St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Oct. 25, 1937  
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 10 0 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or Country) Hayden Ariz

13. NAME Romulo Rosas, Jr.

14. BIRTHPLACE (city or town) (State or Country) Purissima de Ricos, Guanajuato, Mexico

15. MAIDEN NAME Guadalupe Morales

16. BIRTHPLACE (city or town) (State or Country) Matzales, Ariz.

17. INFORMANT (Address) Father, Hayden, Ariz.

18. BURIAL, CREMATION OR REMOVAL Place Wendellman Date 8.26. 1938

19. EMBALMER { License No. \_\_\_\_\_ Signature P. J. Sutton FUNERAL DIRECTOR P. J. Sutton Address Wendellman

20. Filed Aug 25, 1938 W. J. East Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 25, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to Aug. 25, 1938  
 I last saw him alive on Aug. 24, 1938; death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis Date of Onset 7-20-38  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 \_\_\_\_\_  
(Signed) John S. Arnie M. D.  
(Address) Hayden, Ariz.