2006

Colorado River Indian Agency
Parker, Arizona

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

On Person.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

1. PLACE OF DEATH

COUNTY Yuma

TOWNSHIP Parker STATE ARIZONA REGISTERED NO. 12

CITY Parker OR VILLAGE _____

NO. Colorado River Agency (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) OR

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 ROMO, Rafael Jr.

(A) RESIDENCE: NO. Colorado River Agency ST. _____ WARD _____

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

REGISTER (BIRTH AND DEATH) ... ST. ... WARD ... LEGEND OF BLOOD ... ALLOTMENT SCHEDULE ... INDIVIDUAL CARD FILE

HOW LONG IN STATE WHEN DEATH OCCURRED? ____ YRS. ____ MOS. ____ DS.

2006

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE (mix) Indian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31,1910

7. AGE 28 YEARS MONTHS DAYS 21 IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Farm

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Sept. 1938

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona

FATHER

13. NAME ROMO, Rafael Sr,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Not learned

MOTHER

15. MAIDEN NAME REYNA, Josepha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Not learned

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Parker. Arizona DATE _____, 19__

19. EMBALMER { LICENSE NO. _____ SIGNATURE _____

FUNERAL DIRECTOR _____

ADDRESS _____

20. FILED June 1 1939 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.21,1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19__, TO _____, 19__

I LAST SAW H____ ALIVE ON _____, 19__; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.

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

	DATE OF ONSET
Fracture of skull	
Automobile accident	Sept.21. 1938

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY 9-11, 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) Jack L. Traupin M. D.

(ADDRESS) Colo.River Agency Parker Ariz.

10M—1-25-36—FORM 3—100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION.