

1169

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 60
Registrar's No. 69

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 620 North Hill St.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 24 yrs.; In Arizona 24 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits write RURAL)
(d) Street No. 620 North Hill St.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Tony Romo (b) If veteran name war _____ (c) Social Security No. No Record
(If NONE write the word)

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Emma Romo 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased August 31, 1893
(Month) (Day) (Year)
8. AGE: Years 46 Months 10 Days 3 If less than one day hrs. _____ min. _____

9. Birthplace Phoenix, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Miner--Musician

11. Industry or Business _____
12. Name Antonio Romo
13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Rosa Lopez
15. Birthplace Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Emma Romo
(b) Address Globe

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date July 7, 1940

18. (a) Embalmer's Signature Fred K Jones License 18-A
(b) Funeral Director Fred K Jones License 10-A
(c) Address Globe, Ariz.

19. (a) August 1, 1940
(Date received local Registrar)
(b) Gene Warner
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 4, 1940
TIME (Hour and minute) 8:30 P.M.
21. I hereby certify that I attended the deceased from July 4, 1940 to July 7, 1940
that I last saw him alive on July 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ulcerative pulmonary tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy no

DURATION About 15 yrs.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. C. Harper M.D.
Address Globe, Ariz. Date signed 7-15-40