

601

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____

87

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 528 Gibson
(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 Ariz; (b) County Gila; (c) City or Town Miami
(If outside city limits write RURAL)
(d) Street No. 528 Gibson St
3. (a) FULL NAME Dolores Romero (b) If veteran _____ (c) Social Security No. 38
(If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 14 1916
(Month) (Day) (Year)
8. AGE: Years 28 Months 6 Days 10
If less than one day hrs. _____ min. _____

9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation Housework
11. Industry or Business _____
12. Name Prudenciano Romero
13. Birthplace Mexico
(City, town or county) (State or Country)
14. Maiden Name Josefa Flores
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Dolores Romero
(b) Address Miami Ariz
17. (a) Burial, Cremation or Removal Buried
(b) Place Final Bur. (c) Date Dec 28 1940
18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director J. H. ...
(c) Address ...

19. (a) December 28 1940
(Date received local Registrar)
(b) Keson D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Dec 24 1940
TIME (Hour and minute) 5:45 P M.
21. I hereby certify that I attended the deceased from 12-17-40
_____, 19____ to 12-24 1940
that I last saw her alive on 12-24 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Right Lobar Pneumonia
acute dilatation
Due to Heart
Basillary Pulmonary Tuberculosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
7 days
Low
hours
5 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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] M.D.
Address Miami Date signed 12-28-40