

1239

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

95

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 51

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Days; In Community 15 Yrs.; In Arizona 15 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 also write RURAL)
(d) Street No. 396 East Mesquite St.
3. (a) FULL NAME Jose Manuel Romero (b) If veteran name war 181 (c) Social Security No. 516-03-9978
(If NONE write the word) 26-05-0070

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Esperanza Romero 6. (c) Age of husband _____
or wife _____ or wife, if alive _____ yrs.
7. Birthdate of deceased June 8, 1911
(Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day
30 | 0 | 13 | hrs. _____ min. _____
9. Birthplace Deming New Mexico
(City, town or county) (State or Country)
10. Usual Occupation Bellboy
11. Industry or Business Dominion Hotel
Father { 12. Name Alfonso Romero
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Antonio Romero
15. Birthplace Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Esperanza Romero
(b) Address Globe Arizona

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) June 21, 1941;
TIME (Hour and minute) 4:30 AM M.
21. I hereby certify that I attended the deceased from June 19
_____, 1941 to June 21, 1941;
that I last saw him alive on June 21, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Burns arms
legs body torso back
1st + 2nd degree
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date June 23, 41
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona
19. (a) July 8 - 1941
(Date received local Registrar)
(b) John H. Havelle
(Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence June 19, 1941
(c) Where did injury occur Globe Gila Ariz
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Garage Industrial
(Specify type of place)
While at work? yes (e) Means of injury Gasoline explosion
23. Signature Alfonso Romero M.D.
Address Globe Date signed July 7