

4265

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 102  
Registrar's No. 102

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (c) Location Superior  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Night In Community Superior  
(Specify whether years, months or days) (In Arizona)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Greenlee; (c) City or Town Morenci  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_

3. (a) FULL NAME Rodolfo Romero (b) If veteran name war 1918 (c) If foreign born, in U. S. A. \_\_\_\_\_ yrs. (e) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>Mex</u>	6. (a) Single, married, widowed or <u>Single</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec 30 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 14 hrs. min.

9. Birthplace Morenci Ariz  
(City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business \_\_\_\_\_

Father { 12. Name Ezequiel Romero  
13. Birthplace Gallup N.M.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Suey Esqueda  
15. Birthplace Jalisco Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ezequiel Romero  
(b) Address Morenci Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Morenci Ariz (c) Date Jan 18 1942

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director Furney  
(c) Address Morenci Ariz

19. (a) Jan 17 - 1942  
(Date received local Registrar's Certificate)  
(b) [Signature]  
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Jan 17 1942  
TIME (Hour and minute) 4:55 A.M.

21. I hereby certify that I attended the deceased from Jan 16  
\_\_\_\_\_, 1942 to Jan 17, 1942  
that I last saw h.i.m. alive on Jan 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis

Due to Obstipation

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] M. D.  
Address Morenci, P. R. 2 Date signed 1-17-42

**DURATION**  
3-4 days  
3-4 days

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