

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

95

State File No. _____
Registrar's No. 88

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 724 Church Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 25 yrs; in Arizona 25 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 also write RURAL)

(d) Street No. 724 Church Hill (e) Citizen of foreign country (yes or No) _____
If Yes, which country Mexico (If NONE write the word)

3. (a) FULL NAME Hyghestra Romero (b) If Veteran name was _____

4. Sex <u>Female</u>	5. Color or Race <u>Latin</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Crises Romero</u>	6. (c) Age of husband or wife, if alive <u>95</u> yrs.	
7. Birthdate of deceased <u>Dec 31 1960</u> (Month) (Day) (Year)		
8. AGE: Years <u>82</u>	Months <u>11</u>	Days <u>8</u>
If less than one day hrs _____ min _____		
9. Birthplace <u>Zacatecas Mexico</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business _____		
Father	12. Name <u>Juan Jimenez</u>	
	13. Birthplace <u>Zacatecas Mexico</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Epollita Carrillo</u>	
	15. Birthplace <u>Zacatecas Mex.</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Joe Ramirez</u>		
(b) Address <u>1137 Alhambra Miami Ariz</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Ariz.</u> (c) Date <u>Nov. 25 1942</u>		
18. (a) Embalmer's Signature <u>J. W. Miles Jr.</u>		
(b) Funeral Director <u>Mrs. Montuony</u>		
(c) Address <u>Miami Ariz.</u>		
19. (a) <u>Nov 24 1942</u> (Date received local Registrar)		
(b) <u>Lucas D. Brayton</u> (Registrar's Signature)		

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 23, 1942
TIME (Hour and minute) 5:00 P. M.

21. I hereby certify that I attended the deceased Nov 22
_____, 1942 to _____, 19____.

that I last saw h. alive on Nov 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Apoplexy

Due to _____
Due to advanced age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION
10 hours

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 Lucas D. Brayton
Address Miami Ariz. Date signed Nov 24 1942