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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

State Index No. .....

County Registered No. 659

Local Registrar's No. 59

**PLACE OF DEATH**

County Maricopa

District No 3

Town Or City Mesa

No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

**FULL NAME** Franklin E Rogers

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White, Indian, Black, Chinese, Mexican

X SINGLE, MARRIED, WIDOWED, or DIVORCED

DATE OF BIRTH: Oct 22 (Month) (Day) 1904 (Year)

AGE: 10 yrs. 9 mos. 5 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: School child
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country): Ariz

PARENTS

NAME OF FATHER: Isaac Rogers

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Myra Sanders

BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac Rogers

(Address) LeHi

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary

DATE OF BURIAL OR REMOVAL: July 27 1915

UNDERTAKER: A Burton Sons

ADDRESS: Mesa

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1915 (Month) (Day) (Year)

I hereby certify, that I attended deceased from July 20 1915 to July 26 1915; that I last saw him alive on July 26 1915; and that death occurred on the date stated above at 11:00 P.M. The DISEASE or INJURY causing Death was as follows: Bilious fever, bowel congestion, shock & heart failure

(Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

(Duration) ..... yrs. ..... mos. ..... days.

(Signed) C C Chenshee

July 27 1915 (Address) Mesa Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 7/27/1915 J. E. Drake
Local Registrar

Filed 8/8 1915 G. B. Nichols
County Registrar

**This certificate is NOT to be transmitted with the body of a person removed from one registration district to another, or to a point without the Territory.**

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be