ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5883

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 80

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY: IN THIS TOWN 10 IN ARIZONA 73
C. CITY OR TOWN: SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SAFFORD INDIAN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GRAHAM
C. CITY OR TOWN: CENTRAL ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): DAVID B. (MIDDLE): C. (LAST): ROGERS

4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: IDA C. ROGERS
7. DATE OF BIRTH: MONTH FEB DAY 19 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 73
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): BARBER
9B. KIND OF BUSINESS OR INDUSTRY: BARBER
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): LUNA, NEW MEXICO
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): NO (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 526-09-9997
14A. FATHER'S NAME: DAVID MAYOR ROGERS
14B. BIRTHPLACE (STATE OR COUNTRY): ST. GEORGE, UTAH
15A. MOTHER'S MAIDEN NAME: ELIZABETH ANN ALLEN
15B. BIRTHPLACE (STATE OR COUNTRY): TOKER, UTAH
16. INFORMANT'S SIGNATURE: David S. Rogers ADDRESS
17. DATE OF DEATH (MONTH) SEPT (DAY) 26 (YEAR) 1957

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Peritonitis & Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Ruptured peptic ulcer — 10 days
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-17-57
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-16, 1957 TO 9-26, 1957 THAT I LAST SAW THE DECEASED ALIVE ON 9-26, 1957 AND THAT DEATH OCCURRED AT 10:03 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Safford Arizona
22C. DATE SIGNED: 9-27-57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☐ (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Sept. 28-57
25C. NAME OF CEMETERY OR CREMATORY: Pima
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
26A. DATE REC. BY LOCAL REG.: Sept 27 1957
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: H. C. Ramson
27B. ADDRESS: Safford Ariz
28. EMBALMER'S SIGNATURE: H. C. Ramson
28B. EMBALMER'S CERT. NO. 116

FORM VS-2 REV. 3-15-56

OF DEATH 05 AND 98 RESIDENCE 1407
CEDENT 1 RSONAL 1 73 DATA 4 957
5401 CAUSE OF DEATH (ITEM 18) 0 0
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