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FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County Graham State Index - - No. 105
District Pima County Registered No. 76
Town _____ Local Registrar's - No. 74
Or City _____ ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Bertha Isabell Rogers Preston

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>female</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED married or DIVORCED	DATE OF DEATH <u>11</u> <u>12.2/22</u> 19 <u>22</u> (Month (Day) (Year))	
DATE OF BIRTH <u>12 / 18 / 1879</u> 19_____ (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>12/2</u> 19 <u>22</u> ; that I last saw her alive on <u>12/2</u> 19 <u>22</u> , and that death occurred on the date stated above at <u>8 P.</u> The DISEASE or INJURY causing death was as follows: <u>Shock from difficult labour</u>	
AGE <u>42</u> yrs. <u>11</u> mos. <u>14</u> days, hrs., or _____ min. If less than 1 day _____			(Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or Country) <u>Arizona</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Joseph K. Rogers</u>		(Signed) <u>M.E. Clark</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Utah</u>		19____ (Address) <u>Thatcher Ariz</u>	
	MAIDEN NAME OF MOTHER <u>Josephine Wall</u>		*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds.	
The Above is True to the Best of My Knowledge (Informant) <u>M. Preston</u> (Address) _____				
PLACE OF BURIAL OR REMOVAL <u>1st 4th 22</u>		DATE OF BURIAL OR REMOVAL <u>Pima</u> 19____		
UNDERTAKER		ADDRESS		
		Filed <u>12-5</u> 19 <u>22</u> <u>Alma Curcio</u> Local Registrar. Filed <u>12/10</u> 19 <u>22</u> <u>J.M. Hewitt</u> County Registrar.		