

2506

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Cochise District Douglas Town or city Douglas

State Index - - - No. 11
County Registrar's - No. 266
Local Registrar's - No. _____

No. County Hospital (If death occurred in a hospital or institution, give its NAME instead of street number) Ward _____

2. FULL NAME Marella Rogers
(a) Residence. No. Sumner Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred / yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|--|---|---|---|--|--|
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Widow</u> | | 16. DATE OF DEATH (month, day, and year) <u>5/7/24</u> | | |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | 17. I HEREBY CERTIFY, That I attended deceased from _____ <u>4-20</u> 19 <u>24</u> to <u>5/7/24</u> 19 <u>24</u> that I last saw <u>her</u> alive on <u>5/7</u> 19 <u>24</u> and that death occurred, on the date stated above, at <u>10:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> | | | |
| 6. DATE OF BIRTH (month, day and year) | 7. AGE Years: <u>37</u> Months: _____ Days: _____ | 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer): <u>Street</u> (c) Name of employer: _____ | | CONTRIBUTORY (secondary) _____ (duration) _____ yrs. mos. ds. | | |
| 9. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u> | | | 15. Where was disease contracted if not at place of death? _____ (duration) _____ yrs. mos. ds. | | | |
| 10. NAME OF FATHER <u>George Bowman</u> | | | Did an operation precede death? _____ date of _____ | | | |
| 11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Not known</u> | | | Was there an autopsy? _____ | | | |
| 12. MAIDEN NAME OF MOTHER _____ | | | What test confirmed diagnosis? _____ | | | |
| 13. BIRTHPLACE OF MOTHER (city or town) (State or country) _____ | | | Signed <u>B. C. ...</u> M. D. <u>5/8</u> 19 <u>24</u> (Address) <u>Douglas</u> | | | |
| 14. Informant <u>Royale S. Rogers</u> (Address) <u>Sumner Ariz</u> | | | State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | | | |
| 15. Filed <u>5/8</u> 19 <u>24</u> <u>B. C. ...</u> Local Registrar. | | | 18. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Douglas Ariz</u> | | DATE OF BURIAL <u>5-9-24</u> 19 <u>24</u> | |
| Filed <u>6-7-24</u> 19 <u>24</u> <u>R. B. ...</u> County Registrar. | | | 19. UNDERTAKER <u>Postal Homes</u> | | ADDRESS <u>Douglas Ariz</u> | |