

N. B.—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

State Index - - No. 130
County Registrar's No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

1. County Navajo District _____ Town or City Taylor No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Helen Mar Rogers Kay
(a) Residence. No. Showlow 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, WID- Owed DIVORCED (write the word) <u>married</u>			16. DATE OF DEATH (month, day, and year) <u>March 3 1929</u>	
5a. If married, widowed, or divorced <u>HUSBAND of</u> (or) WIFE of <u>Arson P. Kay</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 15th</u> , 1929, to <u>March 3</u> , 1929, that I last saw her alive on <u>March 1st</u> , 1929, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Heart trouble and flu</u>	
7. AGE	Years <u>39</u>	Months <u>3</u>	Days <u>21</u>	IF LESS than 1 day...hrs. or...min.	CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mother & Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					18. Where was disease contracted if not at place of death? <u>Showlow</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>General exa</u> (Signed) <u>[Signature]</u> (Address) _____	
9. BIRTHPLACE (city or town) (State or country) <u>Montevista, Colo</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
10. NAME OF FATHER <u>Ross R. Rogers Jr.</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Taylor</u>	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Paria, Utah</u>					DATE OF BURIAL <u>March 6 1929</u>	
12. MAIDEN NAME OF MOTHER <u>Lillian J. Wilson</u>					20. UNDERTAKER _____ ADDRESS _____	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Paria, Utah</u>						
14. Informant (Address) <u>Mrs. Lillie Robertson Safford, Arizona</u>						
15. Filed <u>March 19</u> 19 <u>29</u> <u>E. M. Kitchener</u> Registrar						

V. S. No. 1