

638

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH County: Yuma State: Arizona District or Township: Yuma or Village: City: Yuma (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward: St.:

2. FULL NAME Winnie Rogland (a) Residence, No. 192 North 8th Ave (Usual place of abode) Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed 6. If married, widowed, or divorced HUSBAND of (or) WIFE of July 2 - 1875 7. AGE 54 Years 11 Months 10 Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer Knottville

9. BIRTHPLACE (city or town) (State or country) Tucson Arizona

10. NAME OF FATHER Callies

11. BIRTHPLACE OF FATHER (State or country) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (State or country) not known

4. Informant (Address) O. Johnson Yuma Arizona

5. Filed June 12, 1930 Registrar: Mary A. Hufferman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 12 1930 17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1930 to June 12 1930 that I last saw her alive on June 12 1930 and that death occurred, on the date stated above, at 3:30 P.M. The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis.

CONTRIBUTORY (Secondary) (duration) Unknown yrs. mos. ds.

18. Where was disease contracted Unknown (duration) Unknown yrs. mos. ds. Did an operation precede death? No Date of: Was there an autopsy? No

What test confirmed diagnosis Physical Judge (Signed) Salary M. D. (Address) Yuma Arizona

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery DATE OF BURIAL 6/15-30 ADDRESS Yuma Arizona

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. THIS IS A PERMANENT RECORD. 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.