2035

MARGIN RESERVED FOR BINDING

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 235

Local Registrar's No. 735

1. PLACE OF DEATH

County Pima State Arizona

District or Township #12 or Village or

City Tucson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Inella G Roemer

(a) Residence, No. St., Ward.

(Usual place of abode) (If non-resident, 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

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Arthur M. Roemer

6. DATE OF BIRTH (month, day and year) May 9, 1874

7. AGE Years 56 Months 4 Days 19 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

9. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

PARENTS

10. NAME OF FATHER Mark Sillos

11. BIRTHPLACE OF FATHER (State or country) England (city or town)

12. MAIDEN NAME OF MOTHER Inella G. Roemer

13. BIRTHPLACE OF MOTHER (State or country) England (city or town)

14. Informant Lillian Roemer (Address)

15. Filed 10-4, 1930 Dr. A. Kirmse Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 28, 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929 to Sept 28, 1930 that I last saw her alive on Sept 28, 1930 and that death occurred, on the date stated above, at 8:45p m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? Cleveland Ohio

Did an operation precede death? Yes Date of Sept 28/30

Was there an autopsy? No.

What test confirmed diagnosis? Phys Exam

(Signed) R. J. Alander, M. D.

September 29, 1930 (Address) Tucson, Ariz

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cleveland, Ohio.

DATE OF BURIAL: 10--2--30

20. UNDERTAKER: Parker Grimshaw Und. Co.

ADDRESS: Tucson, Ariz.