2601

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]AINLY, WITH UNFADING INK—THIS IS A PERMANE[illegible] 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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 70

Registered No. 18

1. PLACE OF DEATH

County Gila State Arizona

Township ..... or Village ..... or

City Hayden No. ..... St., ... Ward

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

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.

2. FULL NAME Dollie Morrison

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

(Usual place of abode) (If nonresident give city or town and State)

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 Matt Morrison

6. DATE OF BIRTH (month, day, and year) Aug 1, 1891.

7. AGE Years 41 Months 3 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlsbad New Mexico

FATHER

13. NAME Tobias Kelly Rogsdal

14. BIRTHPLACE (city or town) (State or country) Tex

MOTHER

15. MAIDEN NAME Nancy Bishop

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Matt Morrison

(Address) Hayden Ariz.

18. BURIAL, CREMATION, OR REMOVAL

Place Winkelman Ariz. Date 11-25, 1932

19. UNDERTAKER P. J. Hutton

(Address) Winkelman

20. Filed Nov 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932 to Nov 21, 1932

I last saw her alive on Nov 21, 1932; death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar Pneumonia	11-20

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles [illegible] M. D.

(Address) Hayden Ariz.