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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.

Brayton
Arizona State Board of Health

BUREAU OF VITAL STATISTICS
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STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. 22
Township _____ or Village _____ of _____
City Miami 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 19 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Thomas Rosser How long in State when death occurred? 19 yrs. _____ mos. _____ ds.
(a) Residence: No. # 5 Marion Canyon St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married			21. DATE OF DEATH (month, day, and year) <u>Mar. 30, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Thomas Rosser</u>					I HEREBY CERTIFY That I attended deceased from <u>March 25, 1934</u> to <u>March 30, 1934</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug. 13, 1860</u>					I last saw h. <u>in</u> alive on <u>March 30, 1934</u> death is said to have occurred on the date stated above, at <u>7 A.M.</u>	
7. AGE	Years <u>74</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Cancer of Stomach</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Smelterman</u>				Date of Onset _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>International Smelter</u>					
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Swansea</u> (state or country) <u>South Wales</u>						
MOTHER / FATHER	13. NAME <u>Evan Rosser</u>					
	14. BIRTHPLACE (city or town) <u>South Wales</u> (State or country)					
	15. MAIDEN NAME <u>Eliza Johns</u>					
	16. BIRTHPLACE (city or town) <u>South Wales</u> (State or country)					
17. INFORMANT <u>Thomas Rosser Jr.</u> (Address) <u>Miami, Arizona.</u>						
18. BURIAL, known Place <u>Pinal Cemetery</u> Date <u>Apr. 2, 1934</u>						
19. UNDERTAKER <u>Miles Mortuary</u> (Address) <u>Miami, Arizona.</u>						
20. Filed <u>Apr. 6, 1934</u> <u>C. M. Crow</u> Registrar						
					Name of operation _____ Date of _____	
					What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>No</u>	
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? <u>No</u>						
If so, specify _____ (Signed) <u>Arthur J. Brayton</u> M. D. (Address) <u>Miami, Arizona</u>						

20M 19-33 MB 48294 Form 3 Back of Certificate to be used for any Additional Information