

1973

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MARGIN RESERVED FOR BINDING  
N. B.—WRITE FAINTLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Gila State ARIZONA State File No. 77  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 113  
 City Globe No. 168 West Mesquite 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 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Wm. J. Rosecrans How long in State when death occurred 11/40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 168 West Mesquite St. \_\_\_\_\_ W. d. \_\_\_\_\_ (If non-resident give city or town and State)  
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH									
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>10-5-1934</u>	19								
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>December</u> , 19 <u>32</u> , to <u>Oct 5th</u> 19 <u>34</u> .									
6. DATE OF BIRTH (month, day, and year) <u>? 1867</u>					I last saw him alive on <u>Oct 4th</u> ; death is said to have occurred on the date stated above, at <u>9:15 P.m.</u>									
7. AGE <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If LESS than 1 day, hrs. or min.</th> </tr> <tr> <td><u>67</u></td> <td></td> <td></td> <td></td> </tr> </table>					Years	Months	Days	If LESS than 1 day, hrs. or min.	<u>67</u>				The principal cause of death and related causes of importance were as follows: <u>Pneumoconiosis</u>	
Years	Months	Days	If LESS than 1 day, hrs. or min.											
<u>67</u>														
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Weighmaster</u>					Date of Onset <u>1932</u>									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mines</u>					Other contributory causes of importance: <u>None</u>									
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					Name of operation <u>None</u> Date of _____									
12. BIRTHPLACE (city or town) (state or country) <u>? Iowa</u>					What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? <u>NO</u>									
13. NAME <u>Henry Crandall Rosecrans</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. _____									
14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					Manner of injury _____ Nature of injury _____									
15. MAIDEN NAME <u>Elizabeth Dickey</u>					24. Was disease or injury in any way related to occupation of deceased? <u>Probably was</u>									
16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>					If so, specify _____ (Signed) _____ M. D. (Address) <u>Globe, Ariz.</u>									
17. INFORMANT <u>A. D. Rosecrans</u> <u>Brother</u> (Address) <u>Globe Arizona</u>					20. Filed <u>Oct 24</u> , 19 <u>34</u> by <u>Fred H. Jones</u> Registrar									
18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cemetery</u> Date <u>10/7/34</u> , 19____					Back of Certificate to be used for any Additional Information									
19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe Arizona</u>														