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REPUBLICAN

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 101

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 7  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. 306 E. Cottonwood ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 22 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.  
 2. FULL NAME Agnes Mavis Rose HOW LONG IN STATE WHEN DEATH OCCURRED 24 YRS. 0 MOS. 0 DS.  
 (A) RESIDENCE NO. 306 E. Cottonwood 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <b>Married</b>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>Jan. 22, 1936</b>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 10</u> 19 <u>36</u> TO <u>Jan 22</u> 19 <u>36</u> I LAST SAW HER ALIVE ON <u>Jan 22 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:20 P.M.</u>  THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Carcinoma of Sigmoid</u> <u>Rec-36</u>  OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Exhaustion</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Patrick Rose</b>			6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 12, 1880</b>		
7. AGE		YEARS <b>55</b>	MONTHS <b>6</b>	DAYS <b>10</b>	IF LESS THAN 1 DAY, HRS. OR MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <b>Housewife</b>			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 COUNTY) <b>Winer Nebraska</b>					
13. NAME <b>F.A. Mavis</b>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <b>Germany</b>					
15. MAIDEN NAME <b>Agusta Schellpepper</b>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <b>Germany</b>					
17. INFORMANT (ADDRESS) <b>Mr. Patrick Rose Globe, Arizona</b>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Globe Cemetery</b> DATE <b>Jan 28, 1936</b>					
19. EMBALMER (ADDRESS) <b>Lic. 10-A Fred K Jones Globe Arizona</b>					
20. FILED <b>Jan 28, 1936</b> <b>Geoffrey Marry</b> REGISTRAR					

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.