

1606

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.

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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 98  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. 168 W. Mesquite ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Lizetta Ellen Rosecrans HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. 168 W. Mesquite St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT 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 Adrian D. Rosecrans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1873

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.  
63 4 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

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) Iowa

13. NAME Isaac Dean

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTY) Ohio

15. MAIDEN NAME Sarah Santos

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTY) Iowa

17. INFORMANT Mrs. Alice Middleman  
 (ADDRESS) Los Angeles, California

18. ~~PLACE OF DEATH~~ REMOVAL FOR CREMATION  
 PLACE Phoenix, Arizona DATE Dec. 5, 1936

19. EMBALMER { LICENSE NO. 187A  
 FUNERAL DIRECTOR 10-A Fred K. Jones  
 SIGNATURE [Signature]  
 ADDRESS Globe, Arizona

20. FILED Dec 5, 1936 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3rd, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 1936 TO Dec 3rd 1936, 1936  
 I LAST SAW HIM ALIVE ON Dec 7, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:00 A.M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Arterio Sclerosis  
Cardio Renal 1935  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? [Signature] THERE AN AUTOPSY? No

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? No  
 IF SO, SPECIFY \_\_\_\_\_  
 (SIGNED) [Signature] M. D.  
 (ADDRESS) Globe, Ariz

10M-11-22-34-REP-CAZ PRINTERY-FORM 3  
 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION