

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 State File No. 60

1. PLACE OF DEATH
County Culver State ARIZONA Registered No. _____
Township _____ or Village _____ St. _____ Ward _____
City Winkelman No. _____
(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.
How long in State when death occurred? yrs. _____ mos. _____ ds.

2. FULL NAME Catherine Rose Roberts St. _____ Ward _____
(a) Residence: No. _____ (Usual place of abode)

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 _____

6. DATE OF BIRTH Aug 20, 1871

7. AGE Years 65 Months 4 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

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. Wife

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) Burlington, Iowa

13. NAME John Michigan

14. BIRTHPLACE (city or town, State or Country) Ireland

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town, State or Country) Ireland

17. INFORMANT (Address) 156 W. Park Thomas

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19 _____

19. EMBALMER { License No. P. J. Hutton Signature _____
FUNERAL DIRECTOR P. J. Hutton Address Winkelman

20. Filed Jan 8, 1938 Registrar P. J. Hutton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

I HEREBY CERTIFY, that I attended deceased from _____ to _____, 1937

I last saw her alive on Dec 27, 1937; death is said to have occurred on the date stated above, at _____ AM.

The principal cause of death and related causes of importance were as follows: Chronic Interstitial Nephritis. Date of Onset _____

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No 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) Charles H. Huth M. D.
(Address) Winkelman