ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

58

State File No.

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town San Carlos (If outside city limits write RURAL) (c) Location San Carlos Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 da.; In Community life (Specify whether years, months or days); In Arizona

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town San Carlos (If outside city limits write RURAL)

(d) Street No.; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Donald Rogers (b) If veteran, name war (c) Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	4/4 Apache	Married

6. (b) Name of husband or wife: Peggy G. Rogers | 6. (c) Age of Husband or wife, if alive: 18 yrs.

7. Birthdate of deceased: August (Month) 14 (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
25	10	18	hrs. min.

9. Birthplace: San Carlos, Arizona. (City, town or county) (State or Country)

10. Usual Occupation: Laborer

11. Industry or Business: -

Father
12. Name: Unknown
13. Birthplace: " (City, town or county) (State or Country)

Mother
14. Maiden Name: Hannah R. Cassa
15. Birthplace: San Carlos, Arizona. (City, town or county) (State or Country)

16. (a) Informant's own signature: Hospitel,
(b) Address: San Carlos, Arizona.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: San Carlos, Ariz. (c) Date: July 3, 19 40

18. (a) Embalmer's Signature: None
(b) Funeral Director: Fred H. Jones,
(c) Address: Globe, Arizona.

19. (a) July 16, 1940 (Date received by Local Registrar)
(b) Robert D. Cummings (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 2, 19 40; TIME (Hour and minute) 12;30 p.m.

21. I hereby certify that I attended the deceased from June 29, 19 40 to July 2, 19 40; that I last saw h. im alive on July 2, 19 40; and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic Ileus.

Due to: Acute Gastro-enteritis.

Due to: Acute Alcoholism.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert D. Cummings M.D.
Address San Carlos, Arizona. Date signed 7-16-40