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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

80

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 83

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 35 Yrs.; In Arizona 55 Yrs.  
 (Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_

3. (a) FULL NAME Emma Rogers (b)  veteran (c)  foreign born, in U. S. A. \_\_\_\_\_ yrs.  
 (Name war) (e) Social Security No. None  
 (If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>B.L. Rogers</u>		6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 1, 1865  
 (Month) (Day) (Year)

8. AGE: Years <u>75</u>	Months <u>5</u>	Days <u>29</u>	If less than one day hrs. _____ min. _____
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9. Birthplace Texas  
 (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business \_\_\_\_\_

Father 12. Name John Sidwell

13. Birthplace Ill.  
 (City, town or county) (State or Country)

Mother 14. Maiden Name Sarah Zigler

15. Birthplace Penna.  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Burl Rogers

(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Phoenix Cem. (c) Date Aug. 31, 1940

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director [Signature]

(c) Address Globe Arizona

19. (a) Aug. 30, 1940  
 (Date received local Registrar)

(b) [Signature]  
 (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) About Aug. 25, 1940  
 TIME (Hour and minute) \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
 Immediate cause of death Coroner's jury  
Verdict: "natural causes"

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? Open Range  
 (Specify type of place)

While at work? Yes (e) Means of injury \_\_\_\_\_

23. Signature [Signature] Coroner [Signature]

Address Globe, Ariz. Date signed Aug. 30, 1940