585

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 12
Registrar's No.

1. Place of Death: (a) County GILA (b) City or Town MIAMI (If outside city limits write RURAL) (c) Location 402 REPPY (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 1 MO ; In Arizona 1 mo. (Specify whether years, months or days)

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

(d) Street No. 402 REPPY

3. (a) FULL NAME PEGGY JO ROGERS (b) If veteran name war (e) If foreign born in U. S. A. yrs. (c) Social Security No. None (If NONE write the word)

4. Sex Female | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife None | 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Oct 27 1940 (Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day hrs. min.

9. Birthplace MIAMI (City, town or county) ARIZ (State or Country)

10. Usual Occupation None

11. Industry or Business

Father: 12. Name Mark A Rogers
13. Birthplace Pima (City, town or county) Ariz (State or Country)

Mother: 14. Maiden Name Lorraine Hampshire
15. Birthplace Garnett (City, town or county) Kansas (State or Country)

16. (a) Informant's own signature Mark A. Rogers
(b) Address 402 Reppy

17. (a) Burial, Cremation or Removal Removal
(b) Place Safford Ariz (c) Date Dec 1 1940

18. (a) Embalmer's Signature L. Huey Milo...
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) Dec 1-40 (Date received local Registrar)
(b) Nelson D Brayton (Registrar's Signature)

5M 100% Rag 6-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 1 1940; TIME (Hour and minute) 5 E M.

21. I hereby certify that I attended the deceased from Dec 1 1940, 19 to Dec 1 1940; that I last saw her alive on Dec 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Broncho pneumonia	2 days
Due to Influenza	
Due to	

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 No
(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 Cyril M Bron M.D.
Address Miami Date signed 12-1-40.