2622

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 364
Registrar's No. 197

1. Place of Death: (a) County Pima (b) City or Town Rural-Tucson (If outside city limits also write RURAL) (c) Location Orphanage School Road (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 30 yrs. 4 Mo.; In Arizona 30 Yrs. 4Mos. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Rural (If outside city limits also write RURAL)
(d) Street No. Orphanage School Road, Route 3 Box 195; (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Pina Ellen Bogard (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
Female	White	Widowed

6. (b) Name of husband or wife: Thomas David Bogard
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased April 17, 1877 (Month) (Day) (Year)
8. AGE: Years 63 | Months 10 | Days 19 | If less than one day hrs. ..... min. .....
9. Birthplace Fresno, California (City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business
Father: 12. Name Austin Phillips
13. Birthplace Kentucky (City, town or county) (State or Country)
Mother: 14. Maiden Name Margaret E. Barton
15. Birthplace Kentucky (City, town or county) (State or Country)
16. (a) Informant's own signature Frances B. Busley
(b) Address Rt-3-Box 195 Tucson Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place St. David, Ariz. (c) Date 3-9 1941
18. (a) Embalmer's Signature Howard A. Bring
(b) Funeral Director Howard A. Bring
(c) Address Bring's Funeral Home, Tucson
19. (a) March 8, 1941 (Date received local Registrar)
(b) L. W. Howard, M.D. (Registrar's Signature)

BRING'S FUNERAL HOME

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 6, 1941;
TIME (Hour and minute) 7:45 P. M.
21. I hereby certify that I attended the deceased from Feb 27, 1941 to Mar 6, 1941;
that I last saw her alive on Mar 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to Acute Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION
2/27/41
3-6-41

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 [signature] M. D.
Address 20 East Ochoa Tucson, Arizona Date signed 3-7-41