

106

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 98
Registrar's No. 36

1. Place of Death: (a) County Graham (b) City or Town Thatcher (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 5 Years; In Arizona 59 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Thatcher
(If outside city limits also write RURAL)
(d) Street No. _____ (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME Rosebelle Dodge (b) If veteran name war 46 (c) Social Security No. _____
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Delos Albert Dodge 6. (c) Age of husband or wife, if alive lnk yrs.
7. Birthdate of deceased October 28, 1860
(Month) (Day) (Year)
8. AGE: Years 80 Months 6 Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Mt Pleasant Utah.
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____

Father { 12. Name Reuben Warren Allred.
13. Birthplace Bedford, Tennessee
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elsada Ford.
15. Birthplace Albino New York
(City, town or county) (State or Country)

16. (a) Informant's own signature Walter Dodge
(b) Address Thatcher, Arizona, P.O. Bx 193

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima, Ariz (c) Date 4/29/ 19 41

18. (a) Embalmer's Signature _____
(b) Funeral Director Walter Dodge
(c) Address Thatcher, Ariz. P.P. Bx 193

19. (a) May 9th 1941
(Date received local Registrar)
(b) J. H. Stratton M.D.
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 28, 1941
TIME (Hour and minute) 10.45 A. M.

21. I hereby certify that I attended the deceased from March 24, 1941
March 24, 1941 to April 20, 1941
that I last saw her alive on April 20, 1941

and that death occurred on the date and hour stated above.
Immediate cause of death Gastric Carcinoma

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
4 or 5
wks

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 J. H. Stratton M.D.
Address Safford, Date signed 4/28/41