

2393

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 79
Registrar's No. 14

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 5 Marian Cañon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 28 yrs.; In Arizona 28 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 5 Marian Cañon; (e) If foreign born, in U. S. A. 57 yrs.
3. (a) FULL NAME Catherine Rosser (b) If veteran _____ name war. (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 Widowed
6. (b) Name of husband Thomas Rosser 6. (c) Age of husband or wife, if alive. yrs. _____
7. Birthdate of deceased Dec. 2 1869
(Month) (Day) (Year)
8. AGE: Years 72 Months 3 Days 9 If less than one day h. _____ min. _____
9. Birthplace North Wales
(City, town or county) (State or Country)
10. Usual Occupation Domestic
11. Industry or Business Housewife
12. Name Peter C. Swart
13. Birthplace Alton Scotland
(City, town or county) (State or Country)
14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. James Martin (b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Quail (c) Date 3-15 1942
18. (a) Embalmer's Signature J. H. Williams
(b) Funeral Director J. H. Williams
(c) Address Miami Ariz.
19. (a) March 13, 1942
(Date received local Registrar)
(b) Nelson D. Grayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) MARCH 11, 1942
TIME (Hour and minute) 4:10 P. M.
21. I hereby certify that I attended the deceased from Self
_____, 1941 to Mar 11, 1942;
that I last saw h. Mar 10, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION 1 yr.
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 B. B. V. G. G. G. M. D.
Address Map. 16 ap. Date signed Mar 10/42