1132

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 104
Registrar's No. 77

1. Place of Death: (a) County Graham (b) City or Town Glenbar (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ——— ; In Community 66 yrs (Specify whether years, months or days) ; In Arizona 66 yrs

2. Usual Residence of Deceased: (a) State Ariz ; (b) County Graham ; (c) City or Town Glenbar (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Edward Glenn Rogers (b) If veteran name war (c) Social Security No. (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Nettie Rogers — 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased Oct (Month) 8 (Day) 1872 (Year)

8. AGE: Years 70 | Months 1 | Days 11 — If less than one day hrs. min.

9. Birthplace Wanship (City, town or county) Utah (State or Country)

10. Usual Occupation Well Driller

11. Industry or Business

Father
12. Name Ramson Rogers.
13. Birthplace (City, town or county) N. Y. (State or Country)

Mother
14. Maiden Name Cynthiann Eldridge
15. Birthplace (City, town or county) Iowa. (State or Country)

16. (a) Informant's own signature Nettie Rogers
(b) Address Glenbar, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date Nov. 24 1942

18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford. Ariz

19. (a) Dec 10, 1942 (Date received local Registrar)
(b) J. W. Stratton M.D. (Registrar's Signature) By O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 19, 1942
TIME (Hour and minute) 12 N. M.

21. I hereby certify that I attended the deceased from Aug, 1942 to Nov. 10, 1942 that I last saw him alive on Nov. 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of abdominal aneurism.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. H. Baugdon M. D.
Address Safford Ariz. Date signed 11/25/42