

2356

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 117
Registrar's No. 40
Gila General Hospital
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 19 days ; In Community _____ ; In Arizona 6 Months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Minn. ; (b) County Minneapolis ; (c) City or Town Minneapolis
(If outside city limits also write RURAL)
(d) Street No. _____ ; (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Rosella Magdalena O'Neil (b) If Veteran World War I (c) Social Security No. _____

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental White
6. (b) Name of husband or wife D. J. O'Neil 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 27th 1899
(Month) (Day) (Year)
8. AGE: Years 44 Months 9 Days 1 If less than one day hrs. _____ min. _____

9. Birthplace Stevens Point, Wisconsin
(City, town or county) (State or Country)
10. Usual Occupation Stenographer
11. Industry or Business WAAC U. S. Army
Father { 12. Name Joseph Zienniel
13. Birthplace _____ (City, town or county) (State or Country)
Mother { 14. Maiden Name Mary
15. Birthplace Hungary (City, town or county) (State or Country)
16. (a) Informant's own signature D. J. O'Neil
(b) Address Roosevelt, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Minneapolis, Minn. 3/30/44
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) March 30-44 (Date received Local Registrar)
(b) Doree Trautman (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) March 28th 1944
TIME (Hour and minute) 5:00 PM M.
21. I hereby certify that I attended the deceased from March 4, 1944 to March 28, 1944;
that I last saw her alive on March 28, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Malignancy of Liver
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION about 7 mo.
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 T. C. Harper M. D.
Address Globe, Ariz. Date signed 3-29-44