

1755

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 39

Registrar's No. 133

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution about 6 hours In Community Life  
(Specify whether years, months or days) ; In Arizona  
2. Usual Residence of Deceased: (a) State Arizona (b) County Navajo (c) City or Town Snowflake  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (c) Social Security No. NO  
3. (a) FULL NAME John Andrew Rogers (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. NO

4. Sex Male 5. Race White  Indian  Negro   Oriental  White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Oct. 6th 1927  
(Month) (Day) (Year)

8. AGE: Years 17 Months 2 Days 22 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Snowflake, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Student High School

11. Industry or Business \_\_\_\_\_

Father { 12. Name A. O. Rogers  
13. Birthplace Snowflake, Arizona  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lois Hunt  
15. Birthplace Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature A. O. Rogers  
(b) Address Snowflake, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Snowflake, Ariz Date 12/30/44

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) Dec. 29-44  
(Date received Local Registrar)  
(b) Gene W. Lawrence  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 28th 1944  
TIME (Hour and minute) 5 PM M.  
21. I hereby certify that I attended the deceased from 12/28/1944  
\_\_\_\_\_, 19\_\_\_\_ to 12/28 1944;  
that I last saw him in alive on 12/28 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION about 12-18 hrs  
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) Accidental death  
(b) Date of occurrence 12/28/44  
(c) Where did injury occur? at Louisa, Gila Arizona  
(City or Town) (County) (State)  
(d) Did injury occur in or about a home, on farm, in industrial place in public place? In public place - auto camp  
(Specify type of place)  
While at work? No (e) Means of injury gas from heater  
23. Signature Alman Jackson M. D.  
Address Globe Arizona Date signed 12-29-44