

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 108
22 Pittsburg Av.

1. Place of Death: (a) County Cochise (b) City or Town Bakerville (c) Location 3 years (St. & No. (or) Name of Institution) 3 years

(d) Length of Stay: In Hospital or Institution _____; In Community 3 years (Specify whether years, months or days) _____; In Arizona _____

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Lowell (If outside city limits also write RURAL)

(d) Street No. 22 Pittsburg Av. Bakerville, Arizona; (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Olga Tonkyro (b) If Veteran name war _____ (c) Social Security No. none

4. Sex female 5. Race white 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband Paul J. Tonkyro 6. (c) Age of husband or wife, if alive 45 yrs.

7. Birthdate of deceased August 3th 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 12 hrs. _____ min. _____

9. Birthplace Fishers Store, Texas (City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business _____

12. Name Charley Schlieben

13. Birthplace Germany (City, town or county) (State or Country)

14. Maiden Name Anastasia Rockwitz

15. Birthplace Poland (City, town or county) (State or Country)

16. (a) Informant's own signature Paul J. Tonkyro

(b) Address Bisbee, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Bisbee, Ariz (c) Date Dec. 13 1945

18. (a) Embalmer's Signature James Allison 267-A

(b) Funeral Director James Allison 57-A

(c) Address Bisbee, Arizona

19. (a) Dec. 18. 1945 (Date received Local Registrar)

(b) Margaret J. Malesary (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 15, 1945, M.

TIME (Hour and minute) _____

21. I hereby certify that I attended the deceased from Dec 15 1945 to Dec 15 1945

that I last saw h. Dead 3:30 pm Dec 15 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension - arterial

Due to senile

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

over 5 yrs.

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? _____

(e) Means of injury _____

While at work? _____

23. Signature Joseph Saba Date signed 12/17/45

Address Bisbee, Ariz