

115

SOCIAL SECURITY NO.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 99

99

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Gila State ARIZONA

Township Peridot or Village \_\_\_\_\_

City San Carlos, Arizona No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Rogers How long in State when death occurred Life yrs. mos. ds.

(a) Residence: Peridot, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Apache Ind. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Annie Rogers (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 1871

7. AGE Years 74 Months — Days — If LESS than 1 day, hrs. or min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Arizona (State or Country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Arizona (State or Country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Arizona (State or Country)

17. INFORMANT San Carlos Apache Indian Census (Address) San Carlos, Arizona

18. BURIAL ~~OR CREMATION~~ PERIODIC REMOVAL Place Peridot, Arizona Date 12-23- 19 45

19. EMBALMER { License No. None Signature \_\_\_\_\_ } FUNERAL DIRECTOR { None Address \_\_\_\_\_ }

20. Filed Jan 5, 19 45 R. McCune Jr., M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 22, 1945

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

\_\_\_\_\_ Date of Onset \_\_\_\_\_

Other contributory causes of importance:

Fratured hip & Senility \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) R. McCune Jr. R. McCune Jr. M.D. Registrar

(Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.