

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

2320

BIRTH NO.

REGISTRAR'S NO. 21

04 04 DEATH ID 25 RESIDENCE 5	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).				
	A. COUNTY <i>Bela</i>		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		A. STATE <i>Arizona</i>		B. COUNTY <i>Pima</i>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>4 days 4 1/2 hrs</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Central Heights</i>		D. STREET ADDRESS (RURAL, GIVE LOCATION) <i>(unknown)</i>				
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miami Inspiration Hospital</i>				D. STREET ADDRESS (RURAL, GIVE LOCATION) <i>(unknown)</i>					
2 4 7 549	3. NAME OF DECEASED (TYPE OR PRINT) <i>Lovise Maria Rogers</i>			4. SEX <i>fe</i>	5. COLOR OR RACE <i>white</i>				
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			7. DATE OF BIRTH MONTH DAY YEAR <i>Aug 30 1877</i>		8. AGE YEARS MONTHS DAYS <i>71 8 7</i>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <i>housewife</i>	
	9. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ransom</i>		11. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		
14A. FATHER'S NAME <i>Thomas Seymour Kilpatrick</i>			14B. BIRTHPLACE (STATE OR COUNTRY) <i>(unknown)</i>		15A. MOTHER'S MAIDEN NAME <i>Juliet C. Lockwood</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>(unknown)</i>		
16. INFORMANT'S SIGNATURE <i>Mr. Carl W. Anderson (son)</i>				ADDRESS <i>Prescott, Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>May 7 - 1949</i>		10 p.m.	
USE OF ATH V 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i>			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Stroke</i>				4 days	
	DUE TO (c) <i>Hypertension</i>			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
ATIONS, OPSY 9	19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	21A. ACCIDENT SUICIDE HOMICIDE <i>None</i> (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
ATH E TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>May 3 1949</i> TO <i>May 7 1949</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>May 7 1949</i> AND THAT DEATH OCCURRED AT <i>10 p.m.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
ICAL RONER'S ICATION	23A. SIGNATURE <i>Tom E. Jones M.D.</i>			23B. ADDRESS <i>Mission, Ariz.</i>		23C. DATE SIGNED <i>5/8/49</i>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>5/11/49</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Signal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Central Heights, Arizona</i>		
IERAL ECTOR ND STRAR	25. DATE REC'D BY LOCAL REG. <i>May 18</i>		25B. REGISTRAR'S SIGNATURE <i>Arson D. Dayton</i>		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank W. Gray, 328 S. Hill St. Mesa, Ariz.</i>				