

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3976

CERTIFICATE OF DEATH

REGISTRAR'S NO.

64

|   |  |  |   |   |  |   |
|---|--|--|---|---|--|---|
| 04<br>E OF DEATH<br>19<br>AND<br>0201<br>RESIDENCE<br>5   | 1. PLACE OF DEATH<br>A. COUNTY <u>Sala</u>   |  |   | 2. USUAL RESIDENCE<br>A. STATE <u>Ariz.</u><br>B. COUNTY <u>Sala</u>  |  |   |
|   | B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Globe</u>  |  |   | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA<br><u>3 wks 40yo</u>   |  |   |
| CEDENT<br>3<br>PERSONAL<br>DATA<br>174<br>7<br>850  | 3. NAME OF DECEASED<br>A. (FIRST) <u>Mary</u> C. (LAST) <u>Rogae</u>   |  |   | 4. SEX <u>Female</u>  |  | 5. COLOR OR RACE <u>Caucasian</u>   |
|   | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>   |  |   | 7. DATE OF BIRTH<br>MONTH <u>Feb.</u> DAY <u>12</u> YEAR <u>1876</u>  |  | 8. AGE<br>YEARS <u>74</u> MONTHS <u>5</u> DAYS <u>26</u>  |
| 4200<br>CAUSE<br>OF<br>DEATH<br>(EM 18)   | 9B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>  |  |   | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Boston Mass</u>  |  | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |
|   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>   |  |   | 13. SOCIAL SECURITY NO. <u>None</u>   |  | 14A. FATHER'S NAME <u>Unknown</u>   |
| RATIONS,<br>UTOPSY<br>DEATH<br>UE TO<br>TERNAL<br>OLENCE  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>  |  |   | 15A. MOTHER'S MAIDEN NAME <u>Unknown</u>  |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>   |
|   | 16. INFORMANT'S SIGNATURE <u>Rhoda Mc Ginnis</u>   |  |   | 17. DATE OF DEATH<br>(MONTH) <u>Aug.</u> (DAY) <u>8</u> (YEAR) <u>1950</u>  |  | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br>I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (C) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. |
| MEDICAL<br>ORNER'S<br>IFICATION   | 19A. DATE OF OPERATION   |  |   | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
|   | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)   |  |   | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)                         |  | 21C. (CITY OR TOWN) (COUNTY) (STATE)  |
| FUNERAL<br>ECTOR<br>AND<br>ISTRAR   | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY  |  |   | 21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |
|   | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug 1</u> 19 <u>50</u> TO <u>Aug 8</u> 19 <u>50</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>August 8</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>1:00 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |   |   |  |   |
| 23A. SIGNATURE (DEGREE OR TITLE) <u>William E. Bishop M.D.</u>  |  |  | 23B. ADDRESS <u>Globe Arizona</u>                     |   | 23C. DATE SIGNED <u>Aug 25 1950</u>                      |   |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> |  |  | 24B. DATE <u>Aug 10 1950</u>                          |   | 24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u> |   |
| 24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Miami Ariz.</u>   |  |  | 25A. DATE REC'D BY LOCAL REG. <u>8-25-50</u>          |   |  |   |
| 25B. REGISTRAR'S SIGNATURE <u>Gene Waualee</u>  |  |  | 26. FUNERAL DIRECTOR'S SIGNATURE <u>Rita B. Miles</u> |   | 26. ADDRESS <u>Miami Ariz.</u>                           |   |
| 25C. REGISTRAR'S SIGNATURE  |  |  | 27. EMBALMER'S SIGNATURE <u>J. Key Miles Sr.</u>      |   | 27. CERT. NO. <u>244</u>                                 |   |