

612

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Graham
District Chino
Town
Or City Pima

BUREAU OF VITAL STATISTICS

State Index No. 584

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 18

Local Registrar's No. 12

No. _____ St.
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Josephine Hall Rogers

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White Indian Black Chinese Mexican	NEVER MARRIED WIDOWED OR DIVORCED	DATE OF DEATH <u>Feb.</u> <u>15</u> , 191 <u>7</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec</u> <u>16</u> <u>1857</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov. 13</u> 191 <u>6</u> to <u>Feb. 15</u> , 191 <u>7</u> ; that I last saw her alive on <u>Feb. 15</u> , 191 <u>7</u> and that death occurred on the date stated above at <u>9 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Chorea or chorea</u>	
AGE <u>65</u> yrs. <u>2</u> mos. <u>2</u> days If less than 1 day, _____ hrs., or _____ min.			(Duration) <u>1</u> yrs. <u>1</u> mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country) <u>Utah</u>			If not, where? _____	
PARENTS	NAME OF FATHER <u>William Hall</u>		CONTRIBUTORY _____	
	BIRTHPLACE OF FATHER (State or country) <u>United States</u>		(Duration) _____ yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Nancy Haws</u>		(Signed) <u>J. N. Greenwood</u> D.O. <u>Feb. 22, 1917</u> (Address) <u>Wheeler, Ariz.</u>	
BIRTHPLACE OF MOTHER (State or county) <u>United States</u>		*In deaths from VIOLENT CAUSES state: (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Ans. Helen Williams</u>			LENGTH OF RESIDENCE	
(Address) <u>Pima, Arizona</u>			At place of death <u>38</u> yrs. _____ mos. _____ ds. In Arizona <u>38</u> yrs. _____ mos. _____ ds.	
PLACE OF BURIAL OR REMOVAL			Former or Usual Residence _____	
DATE OF BURIAL OR REMOVAL _____			Filed <u>3/5</u> 191 <u>7</u> <u>W. V. Keith</u> Local Registrar	
UNDERTAKER			Filed <u>3/7</u> 191 <u>7</u> <u>J. N. Stott</u> County Registrar	
ADDRESS				

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certification is a crime.

USE UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS