LOCAL REGISTRAR'S FILE NO. 57

An Carola Carola

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

12449

| 5 | TATE BIRTH NO. | OF OREAHOMA . | DEI ARTIMERT OF | STATE FILE N | Ю. | | | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|--------------|-------|--|
| 1. PLACE OF DEATH | | | USUAL RESIDENCE (Where deceased lined. If institution: Residence before admission) a. STATE b. COUNTY. | | | | | |
| | a. COUNTY Adair | | Okla. Adair | | | | | |
| r | b. CITY, TOWN, OR LOCATION | c. LENGTH OF STAY IN 16 | c. CITY, TOWN, OR LOCA | c. CITY, TOWN, OR LOCATION | | | | |
| l | Stilwell | Stilwell, Okla. | | | | | | |
| T | d. NAME OF (If not in hospital, give street address HOSPITAL OR | d. STREET ADDRESS | | | | | | |
| l | INSTITUTION | | | | | | | |
| H | e. IS PLACE OF DEATH INSIDE CITY LIMITS? | e. IS RESIDENCE INSIDE CITY LIMITS? | | | f. IS RESIDENCE ON A FARM? | | | |
| | YES 😿 NO 🗌 | YES NO TH | | YES | YES NO | | | |
| | NAME OF First | Middle | Last | 4. DATE | Month | | ?ear | |
| | OTYPE OF Print) Mrs. Robe Fer | DEATH 8/ | | | | | | |
| 5. | | RIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | Months L | YEAR IF UNDE | | |
| | emale Cherokee wind | OWED 12 DIVORCED | 12/22/188 | 2. last birthday) | At ORING | /ops / Hours | Min. | |
| 100 | . USUAL OCCUPATION (Give kind of work done 106. KIN | ID OF BUSINESS OR INDUSTRY | | | | OF WHAT COU | NTRY? | |
| | during most of working life, even if retired) | | Madison Co | U | U.S.A. | | | |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | | | | |
| | Jake Rogers | Jake Rogers | | Nancy Ball | | | | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Add | ireas | | | |
| (Y | Yes, no, or unknown) (If yes, give war or dates of service) Mabel Perse Stilwell. O | | | | | | k | |
| Н | 18. CAUSE OF DEATH [Enter only one cause per lin | | | | INTERVAL BETWEEN | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Pulus as are | | TreBerculasis | | | SY RE. 7 | | |
| | | | 1- | | | - // | | |
| | Conditions, if any,) DE Out | a (Terminal). | | | | | | |
| | which gave rise to above cause (a), stating the under- | | | | | u u | | |
| _ | stating the under- lying cause last. DUE TO (c) | | | | | | | |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU | D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART $I(a)$ | | | 19. WAS AUTOPSY PERFORMED? | | | |
| 3 | | | | | YES NO | | | |
| CERTIFI | 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| CER | | | | | | | | |
| 4 | 20c. TIME OF Hour Month, Day, Year | | | | | | | |
| MEDICAL | INJURY a.m. p.m. | | | | | | | |
| X | | URY (e. g., in or about home, | 20/. CITY, TOWN, OR LOC | CATION | COUNTY | | STATE | |
| | WHILE AT NOT WHILE Jarm, Jactory, | , street, office bldg., etc.) | * | | | _ | , | |
| | 21. I attended the deceased from Me | 2 58 .60 | Mus. '58 | and last saw her all | ive on | 11/29 | 1/58 | |
| | Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| | 22a. SIGNATURE) (Degree or title) 22b ADBRESS 22c. DATE SIGNED | | | | | | | |
| | TKE LINE STATERIAL BLOODER | | | | | Bliz | /58_ | |
| 23 | (9 | | | | | (State | :) | |
| | Rimial 8/12/58 | Stilwell, | Okla | • | | | | |
| 24 | DATE RECD. BY LOCAL REG. ZE DEGISTRAR SIG | F. R berts | ADDRESS | ilwel | 7 | | | |
| L | 4-12-581 Cmph | emas. | ··· <u>ve</u> | r. noberts | βĸ | Ta. | 1 | |
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State Department of Health

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

JULY



1992

TATE REGISTRAR