

1270

430

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 311

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Cochise
District Douglas
Town Douglas
Or City Douglas

No. Calumet Hospital
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
County Registered No.
Local Registrar's No.

FULL NAME L. J. Robb

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
Color or Race White Indian
Black Chinese
Mexican
SINGLE MARRIED
WIDOWED
or DIVORCED

DATE OF BIRTH 1852
(Month) (Day) (Year)

AGE 65 yrs. mos. days
If less than 1 day hrs. or min.

OCCUPATION (a) Trade, profession or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Texas

NAME OF FATHER S. J. Robb

BIRTHPLACE OF FATHER (State or country) Oregon

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Oregon

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clem Robb

(Address) Douglas

PLACE OF BURIAL OR REMOVAL Douglas
DATE OF BURIAL OR REMOVAL June 13, 1917

UNDERTAKER Ferguson Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-9-1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 6-5-1917 to 6-9-1917; that I last saw him alive on 6-8-1917, and that death occurred on the date stated above at 7 A.M. The DISEASE or INJURY causing death was as follows:

dysentery

(Duration) yrs. mos. days 5

Was disease contracted in Arizona? yes
If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) L. J. Sullite
6/9/17 (Address) Douglas

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death... yrs. mos. ds. In Arizona 8 yrs. mos. ds.
Former or Usual Residence New

Filed June 12, 1917
Local Registrar

Filed July 12, 1917
County Registrar C. H. Humb

WRITING PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. 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 certificates will be returned for correction.