9188

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 341

County Registered No. 14

Local Registrar's No. 6

PLACE OF DEATH

County Yavapai

District Jerome

Town Or City Cottonwood

No. _____ St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME George F. Robbins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

~~Color or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH _____ (Month) (Day) 191__ (Year)

AGE 33 yrs. ~~33~~ mos. _____ days | If less than 1 day ___ hrs., or _____ min.

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

BIRTHPLACE (State or country): Omaha Nebr

PARENTS

NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or Country): Dont know

MAIDEN NAME OF MOTHER: Amorah Nolan

BIRTHPLACE OF MOTHER (State or Country): Dont know

The Above Is True to the Best of My Knowledge

(Informant) Manita Robbins

(Address) Kaysville Utah

PLACE OF BURIAL OR REMOVAL: Kaysville Utah

DATE OF BURIAL OR REMOVAL: Sept 2nd 1918

UNDERTAKER: W P Scott

ADDRESS: Jerome Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 20 1918 to Aug 30 1918; that I last saw him alive on Aug 29 1918, and that death occurred on the date stated above at 9 40 A M. The DISEASE or INJURY causing Death was as follows: Pulmonary Hemorrhage

unknown (Duration) ___ yrs ___ mos ___ days

Was disease contracted in Arizona? no

If not, where? unknown

CONTRIBUTORY Tuberculosis

(Duration) ___ yrs ___ mos ___ days

(Signed) Thomas J Cummins M.D.

Aug 30 1918 (Address) Verdi

*In death 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 __ yrs __ mos __ ds.

Former or Usual Residence _____

Filed Sept 1 1918 A C Carlson Local Registrar

Filed _____ 191__ John W. [illegible] County Registrar

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.