ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1465

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 24

03 03 98 98

PLACE OF DEATH AND USUAL RESIDENCE 4

1. PLACE OF DEATH
A. COUNTY: Coconino
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Rural
C. LENGTH OF STAY IN THIS PLACE: 54 yrs; IN ARIZONA: 54 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sedona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Coconino
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Sedona

DECEDENT PERSONAL DATA 3 179 7 352

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Zena
B. (MIDDLE): Violet
C. (LAST): Roberts

4. SEX: Fem

5. COLOR OR RACE: White

6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

7. DATE OF BIRTH: MONTH Sept; DAY 9; YEAR 1872

8. AGE: YEARS 79; MONTHS 6; DAYS 0

IF UNDER 24 HOURS: HOURS ___; MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: —

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): North Carolina

11. CITIZEN OF WHAT COUNTRY?: U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): ___

13. SOCIAL SECURITY NO.: —

14A. FATHER'S NAME: Jesse Roberts

14B. BIRTHPLACE (STATE OR COUNTRY): N. Carolina

15A. MOTHER'S MAIDEN NAME: unknown

15B. BIRTHPLACE (STATE OR COUNTRY): unknown

16. INFORMANT'S SIGNATURE: D. K. Roberts — ADDRESS: Sedona, Ariz

17. DATE OF DEATH: (MONTH) March (DAY) 9 (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 170 X 0 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a): Cancer of the breast with spread. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b): ___
DUE TO (c): ___

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS AND AUTOPSY 2

19A. DATE OF OPERATION: (1) 6/27/50 (2) 10/10/51

19B. MAJOR FINDINGS OF OPERATION: (1) Radical mastectomy (2) Bowel obstruction - spread of cancer

20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE X — —

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): ___

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: ___

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: ___

MEDICAL & CORONER'S CERTIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ___, 19___ TO ___, 19___, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT 1 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: X B Bilhart, M.D. (DEGREE OR TITLE)

23B. ADDRESS: Cottonwood, Ariz

23C. DATE SIGNED: 3/11/52

FUNERAL DIRECTOR AND REGISTRAR 13 2

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: March 11, 1952

24C. NAME OF CEMETERY OR CREMATORY: Sedona Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Sedona Coconino Ariz.

25A. DATE REC'D BY LOCAL REG.: 3-17-52

25B. REGISTRAR'S SIGNATURE: Gertrude Schmidt

26. FUNERAL DIRECTOR'S SIGNATURE: W. L. Compton — ADDRESS: Flagstaff Ariz

27. EMBALMER'S SIGNATURE: G. R. Compton — CERT. NO. 238A

B. Bilhart

FORM VS 2 REV. 3-50 15M