

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona		REGISTRAR'S NO. 38	
AGE OF DEATH 98 AND 98		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Claypool		C. LENGTH OF STAY IN THIS PLACE (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL). Unknown		CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL). Claypool	
USUAL RESIDENCE 5		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS) Broad St., No Number		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		Broad St., Claypool, No Number	
3. NAME OF DECEASED (TYPE OR PRINT) Nina		B. (MIDDLE) Maurene		C. (LAST) Roberts		4. SEX Fem	
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> <input checked="" type="checkbox"/>		7. DATE OF BIRTH MONTH 4 DAY 1908		8. AGE 44 MONTHS 1 DAYS 1		5. COLOR OR RACE White	
9B. KIND OF BUSINESS OR INDUSTRY UNKNOWN		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska		11. CITIZEN OF WHAT COUNTRY? U.S.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). UNKNOWN	
14A. FATHER'S NAME Russell Cole		11B. BIRTHPLACE (STATE OR COUNTRY) Nebraska		15A. MOTHER'S MAIDEN NAME Lucy Dixon		13. SOCIAL SECURITY NO. 508-149173	
16. INFORMANT'S SIGNATURE Clara Dixon - Vasey Farm, Ariz.		ADDRESS		17. DATE OF DEATH MONTH May DAY 16 YEAR 1952		15B. BIRTHPLACE (STATE OR COUNTRY) KANSAS	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a), (b), (c). 490X ↑ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLIC- ATION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Acute lobal pneumonia (w/lobar)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH (ITEM 18)		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
OPERATIONS, AUTOPSY		21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL VIOLENCE		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S CERTIFICATION		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 16 , 19 52 TO 19 AND THAT DEATH OCCURRED AT 5 P.M. , FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE J. M. Capobianco		23B. ADDRESS Miami	
FUNERAL DIRECTOR AND REGISTRAR		24. DATE MAY 19, 1952		24C. NAME OF CEMETERY OR CREMATORY Pinal Comotory		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona	
25. SIGNATURE James A. Keenan		25B. REGISTRAR'S SIGNATURE		25C. DATE SIGNED 5-21-52		26. FUNERAL DIRECTOR'S SIGNATURE W. J. Miller	
1952		25A. LOCAL REG.		25D. ENEMASER'S SIGNATURE W. J. Miller		25E. ADDRESS 24th St.	