ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5289

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 3 Mo. IN ARIZONA: 13 yrs.
C. CITY OR TOWN: Phoenix Tempe — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tempe, Hospital Tempe, Arizona

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3220 E Fillmore St.

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Earl B. (MIDDLE): Clifton C. (LAST): Robertson
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: Jan. DAY: 6 YEAR: 1916
8. AGE (IN YEARS LAST BIRTHDAY): 36 IF UNDER 1 YEAR — MONTHS: 7 DAYS: 24 IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Plumber
9B. KIND OF BUSINESS OR INDUSTRY: Contracting
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: 459-09-1544
14A. FATHER'S NAME: Willis W Robertson
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Edna M Rains
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Ella Mae Robertson ADDRESS: 3220 E Fillmore St. Phoenix
17. DATE OF DEATH — (MONTH): August (DAY): 30 (YEAR): 1952

**CAUSE OF DEATH (ITEM 18)**

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7371
*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**

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A): Uremia — INTERVAL BETWEEN ONSET AND DEATH: Approximately 10 years

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Bilateral polycystic disease of the kidneys
DUE TO (C): Congenital

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

**OPERATIONS, AUTOPSY**
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

**DEATH DUE TO EXTERNAL VIOLENCE**
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 OR CORONER'S CERTIFICATION**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 17, 1952, TO Aug. 30, 1952, ALIVE ON Aug. 30, 1952, AND THAT DEATH OCCURRED AT 4:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Ernest E. Pohle M.D. (DEGREE OR TITLE): Ernest E. Pohle, M. D.
23B. ADDRESS: 25 W. 8th St., Tempe, Ariz.
23C. DATE SIGNED: 9-2-52

**FUNERAL DIRECTOR AND REGISTRAR**

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 9-3-52
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 9/2/52
25B. REGISTRAR'S SIGNATURE: Rosalie Hammrich Hy
26. FUNERAL DIRECTOR'S SIGNATURE: Charles E. Mercer ADDRESS: Phoenix
27. EMBALMER'S SIGNATURE: Leo C. Nussbaum CERT. NO.: 170

FORM VS 2 REV. 4-15-52