

CERTIFICATE OF DEATH

REGISTRAR'S NO. 710

311 05  
PLACE OF DEATH  
AND 97  
RESIDENCE  
0341

PRECEDENT  
PERSON 457  
DATA

5705  
CAUSE  
OF  
DEATH  
(ITEM 18)

OPERATIONS  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

DRONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA life life		2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital		E. STREET ADDRESS San Carlos Indian Reservation	
3. NAME OF DECEASED (TYPE OR PRINT) Kenneth Robertson		4. SEX male		5. COLOR OR RACE Indian	
6. NAME OF SPOUSE Mary Hinton Roberts		7. DATE OF BIRTH MONTH DAY YEAR Sept 12 1901		8. AGE (IN YEARS) LAST BIRTHDAY 57	
9. KIND OF BUSINESS OR INDUSTRY cattleman		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATED OF SERVICE) Yes, World War I U.S. Army		13. SOCIAL SECURITY NO. 527-22-5098		14. FATHER'S NAME Wilson Robertson	
15. BIRTHPLACE (STATE OR COUNTRY) Arizona		16. MOTHER'S MAIDEN NAME Nancy Robertson		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov 12, 1958 at 1:33 a.m.	
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. L. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: DUE TO (A) <u>Alumina</u> DUE TO (B) <u>Bronchopneumonia</u> DUE TO (C) <u>Bowel obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> <u>4 days</u> <u>10 days</u>		19. DATE OF OPERATION Nov. 8, 1958		20. MAJOR FINDINGS OF OPERATION Bowel obstruction	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov 8, 1958</u> TO <u>Nov 12, 1958</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov 12, 1958</u> , AND THAT DEATH OCCURRED AT <u>1:33 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>A. H. H. Harris M.D.</u>		22B. ADDRESS Globe, Arizona	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL OR CREMATION (PREVIOUS) <input type="checkbox"/>		25B. DATE Nov 16, 1958		25C. NAME OF CEMETERY OR CREMATORY Bylas Cemetery	
26A. DATE REC. BY LOCAL REG. 11-16-58		26B. REGISTRAR'S SIGNATURE <u>Gene J. Wacker</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>Gene J. Wacker</u>	
27A. ADDRESS Globe, Arizona.		27B. ADDRESS Globe, Arizona.		27C. EMBALMER'S CERT. NO. 1323	