ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3570

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 691

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 20 yrs IN ARIZONA: 20 yrs
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pima County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 207 E. 3rd St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Henry
B. (MIDDLE):
C. (LAST): Robinson

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Deceased
7. DATE OF BIRTH: MONTH 6 DAY 1 YEAR 89
8. AGE (IN YEARS LAST BIRTHDAY): 70 yrs. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Railroad Engr.
9B. KIND OF BUSINESS OR INDUSTRY: Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): West Va.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ----- n (IF YES, WAR OR DATES OF SERVICE): -------
13. SOCIAL SECURITY NO.: 232-14-6865
14A. FATHER'S NAME: David Robinson
14B. BIRTHPLACE (STATE OR COUNTRY): ----
15A. MOTHER'S MAIDEN NAME: Julia Slack
15B. BIRTHPLACE (STATE OR COUNTRY): -----
16. INFORMANT'S SIGNATURE: Carman Robinson, ADDRESS: Tucson, Arizona
17. DATE OF DEATH: (MONTH) April (DAY) 14, (YEAR) 1960

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Pulmonal effusion
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-8- 1960 TO 4-14- 1960 THAT I LAST SAW THE DECEASED ALIVE ON 4-14- 1960 AND THAT DEATH OCCURRED AT 3:36 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Francis J. Dean M.D.
22B. ADDRESS: Pima County Hospital
22C. DATE SIGNED: 4-15-60

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11/18/60
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Mem. Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC'D BY LOCAL REG.: 4-18-60
26B. REGISTRAR'S SIGNATURE: Marion H. Oakes Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Verne E. Green
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Elgar C. Richards
28B. EMBALMER'S LICENSE NO.: 3781

FORM VS-2 REV. 3-15-59 1 15M AMPCO 9256