

30007

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 270
County Registrar's - No. _____
Local Registrar's - No. 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
1. County Maricopa
District _____

Town or City Wickenburg

2. FULL NAME Alma F. Roberts
(If death occurred in a hospital or institution, give its NAME instead of street number)

(a) Residence. No. Glendale Ave St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced HUSBAND of W.R. Roberts (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years 37 Months 3 Days 5 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Salado (State or country) Texas

10. NAME OF FATHER J. J. Burk's

11. BIRTHPLACE OF FATHER Salado (city or town) Texas (State or country)

12. MAIDEN NAME OF MOTHER Clare Mack's

13. BIRTHPLACE OF MOTHER about town (city or town) Texas (State or country)

14. Informant Her husband (Address)

15. Filed 6/25, 1925 J.H. Capetant Local Registrar.

Filed _____ 19 _____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/25-1925

17. HEREBY CERTIFY, That I attended deceased from 6/15-1925 to 6/25-1925 that I last saw her alive on 6/23-1925

and that death occurred, on the date stated above, at 11:45 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Glendale Ave

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Symptoms
(Signed) J.H. Capetant M. D.
(Address) Wickenburg

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Wickenburg Ariz DATE OF BURIAL 6/26-1925

20. UNDERTAKER Wickenburg ADDRESS Wickenburg
Conf. in my grand. Thomas
Roberts's bury