1972

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 172

Registered No. 318

1. PLACE OF DEATH

County Maricopa State

District or Township or Village

City Phoenix No. 1121½E Van Buren St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Junior Dee Robinson

(a) Residence, No. 1121½E Van Buren St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 27, 26

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
2	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Jackson Co.

(State or country) Tenn.

PARENTS

10. NAME OF FATHER Dee Robinson

11. BIRTHPLACE OF FATHER Putman Co (city or town)

(State or country) Tenn.

12. MAIDEN NAME OF MOTHER Brumbaugh

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

14. Informant

(Address)

15. Filed 3-13 1928. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-2-28 (Month Day Year) 19

17. I HEREBY CERTIFY, That I attended deceased from 3/2, 1928 to 3/2, 1928

that I last saw him alive on 3/2, 1928

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Probable Meningitis

Convulsions.

Cause unknown

One girl (duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) my family had Meningitis

(duration) yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Chas N Rousseau, M. D.

19 30 6 (Address) Goodrich Bldg

* 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	DATE OF BURIAL
Forest Lawn	3-2-28
20. UNDERTAKER	ADDRESS
A. L. MOORE & SONS	

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.

MARGIN RESERVED FOR BINDING