

MARGIN RESERVED FOR BINDING  
N. B.—WRITE IN LAINLY, 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.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Maricopa State Arizona State File No. 17286  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 1786  
 City Phoenix No. St. Joseph Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Catherine Eloise Roberts  
 (a) Residence: No. Palo Verde, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Child</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 17, 1931</u>	I HEREBY CERTIFY, That I attended deceased from <u>Nov 15, 1931, to Nov 17, 1931</u> I last saw her alive on <u>Nov. 17, 1931</u> ; death is said to have occurred on the date stated above, at <u>11 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Encephalitis</u> <u>Endocarditis</u> Other contributory causes of importance: <u>Broncho Pneumonia</u> <u>Nephritis</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Child</u>	6. DATE OF BIRTH (month, day, and year) <u>Jan. 5, 1924</u>	7. AGE Years <u>7</u> Months <u>10</u> Days <u>7</u> If LESS than 1 day, give hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>	
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____	Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>H. P. Larson</u> , M. D. (Address) _____
12. BIRTHPLACE (city or town) (state or country) <u>Palo Verde, Ariz</u>				13. NAME <u>William Ross Roberts</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Phoenix, Arizona</u>				15. MAIDEN NAME <u>Edith L. Higgins</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>				17. INFORMANT <u>Father</u> (Address) <u>Palo Verde Arizona</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Palo Verde Cemetery</u> Nov. <u>21, 1931</u>				19. UNDERTAKER <u>Hockrey Mortuary Assn.</u> (Address) <u>Phoenix, Ariz.</u>	
20. Filed <u>11-19</u> , 19 <u>31</u> <u>H. P. Larson</u> Registrar.					