

1654

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

1. PLACE OF DEATH County Pima State Arizona Registered No. 278 ✓ 598
Township or Village
City Tucson No. 401 South 3rd Ave. St. Ward
Length of residence in city or town where death occurred 9 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
5a. If married, widowed, or divorced HUSBAND of Paul T. Robinson (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 5, 1882
7. AGE Years 50 Months 4 Days 12 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Corning (State or country) IOWA
13. NAME W. G. Shortliff
14. BIRTHPLACE (city or town) Manchester (State or country) England
15. MAIDEN NAME Margaret Bigger
16. BIRTHPLACE (city or town) Gault (State or country) GEORGIA
INFORMANT (Address) 401 S. 3rd Ave
18. BURIAL, CREMATION, OR REMOVAL

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Aug. 17, 1932
22. I HEREBY CERTIFY That I attended deceased from August 14, 1932 to August 17, 1932
I last saw her alive on August 16, 1932; death is said to have occurred on the date stated above, at 12:40 pm.
The principal cause of death and related causes of importance were as follows: Multiple Sclerosis Date of Onset 1919
Other contributory causes of importance:
Name of operation Date of
Was confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
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

MARGIN RESERVED FOR BINDING
THIS IS A PERMANENT RECORD. Every entry should be carefully supplied. AGE should be stated EXACTLY. Informants 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.