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MARGIN RESERVED FOR BINDING
 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.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State <u>Arizona</u>		State File No. <u>550</u>	
County <u>Yuma.</u>		or Village _____		Registered No. <u>49</u>	
Township <u>Yuma.</u>		No. <u>21 Lovers Lane, Yuma.</u>		St. _____ Ward _____	
City <u>Yuma.</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.	
Length of residence in city or town where death occurred <u>30</u> yrs. _____ mos. _____ da.		How long in state when death occurred? <u>40</u> yrs. _____ mos. _____ da.			
2. FULL NAME <u>Robert A. Anderson.</u>					
(a) Residence: No. <u>21 Lovers Lane.</u> St. _____ Ward _____ (If nonresident give city or town and State)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>unknown</u>					
8. DATE OF BIRTH (month, day, and year) <u>Feb. 14, 1866.</u>					
7. AGE		Years <u>67</u>	Months <u>1</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Court bailiff</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Yuma Court House</u>			
		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Chatanooga</u> (state or country) <u>Tenn.</u>					
MOTHER		13. NAME <u>William Anderson</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Georgia.</u>			
		15. MAIDEN NAME <u>Edmundson.</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Georgia.</u>			
17. INFORMANT <u>Mrs J. T. Davenport</u> (Address) <u>21 Lovers Lane Yuma.</u>					
18. BURIAL, CREMATION, OR INTERMENT Place <u>Yuma Cemetery</u> Date <u>4/8</u> , 19 <u>33</u>					
19. UNDERTAKER (Address) <u>Yuma, Arizona</u>					
20. Filed <u>April 8 1933</u> <u>Mary D. Huberman</u> Registrar (Address) <u>Yuma, Arizona</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 4, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 4, 1933</u> to <u>April 4, 1933</u>					
I last saw him alive on <u>April 4, 1933</u> death is said to have occurred on the date stated above, at <u>11:55 p.m.</u>					
The principal cause of death and related causes of importance were as follows:					
		<u>Asthma (chronic)</u>		Date of Onset _____	
		<u>inflammatory T. B.</u>		about - - <u>1926</u>	
Other contributory causes of importance:					
Name of operation <u>none.</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>NO.</u> Date of injury _____, 19 <u> </u>					
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? _____					
If so, specify _____					
(Signed) <u>Charles L. Huberman</u> M. D. (Address) <u>Yuma, Arizona</u>					