

2361

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 FILE NO. **113**

COUNTY Yuma STATE ARIZONA REGISTERED NO. 8

TOWNSHIP Meane OR VILLAGE _____

CITY _____ NO. 43 Line Oak Canyon ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____

2. FULL NAME Roy P. Roberts HOW LONG IN U. S. OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 43 Line Oak Canyon HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

(USUAL PLACE OF ABODE) ST. _____ WARD _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1890

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

46 9 8

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Painter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Own Business

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTY) Maine

13. NAME Cheser Roberts

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) Maine

15. MAIDEN NAME Melinda Irene

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) Maine

17. INFORMANT Miller Roberts (ADDRESS) 43 Line Oak Canyon

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral DATE 1-30-37 1937

19. EMBALMER LICENSE NO. 234 SIGNATURE [Signature]

FUNERAL DIRECTOR Mills Mastromano ADDRESS Meane Arizona

20. FILED Feb. 3, 1937 C. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1-25-37, 1937, TO 1-25, 1937

I LAST SAW HIM ALIVE ON 1-25, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

Coronary thrombosis 1-25-37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____

WHAT TEST 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 _____, 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? No

IF SO, SPECIFY _____

(SIGNED) [Signature] M. D.

(ADDRESS) Meane Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION