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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. 79  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 28  
City Globe No. 180 East Bailey St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Mary Elizabeth Robinson How long in State when death occurred? 42 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 180 East Bailey St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident 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>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>March 25 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Virgil L. Robinson</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 22</u> , 1939 to <u>Mar 25</u> , 1939	
6. DATE OF BIRTH (month, day, and year) <u>May 1, 1865</u>				I last saw h. <u>sa.</u> alive on <u>Mar 24, 1929</u> ; death is said to have occurred on the date stated above, at <u>7</u> A. M.	
7. AGE	Years <u>73</u>	Months <u>10</u>	Days <u>24</u>	The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> Date of Onset <u>Mar 22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Owner of Robinson Apts.</u>			Other contributory causes of importance: <u>High blood pressure</u>	
	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			Name of operation _____ Date of _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Tenn.</u>					
MOTHER	13. NAME <u>No record</u>				
	14. BIRTHPLACE (city or town) (State or Country)				
	15. MAIDEN NAME <u>No record</u>				
	16. BIRTHPLACE (city or town) (State or Country)				
17. INFORMANT <u>Mrs. Opal Shute</u> (Address) <u>Florence Ariz.</u>					
18. BURIAL <del>XXXXXXXXXXXX</del> Place <u>Globe Cemetery</u> Date <u>March 25 1939</u>					
19. EMBALMER License No. <u>718-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>IO-A</u> Address <u>Globe Arizona</u>					
20. Filed <u>Mar 25 1939</u> <u>[Signature]</u> Registrar.					
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? If so, specify _____ (Signed) <u>A. D. Kennedy</u> M. D. (Address) <u>Globe Ariz</u>					