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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 State File No. _____ Registered No. 25

1. PLACE OF DEATH
County Gila State ARIZONA
Township Globe or Village _____ or Ward _____
City _____ No. _____ (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 _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Emma Allen Robinson How long in State when death occurred 4 1/2 mos. _____ ds.
(a) Residence: No. 31 W. Lynamore St., _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the <u>Widowed</u>)		21. DATE OF DEATH (month, day, and year) <u>3-31-1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 15</u> 19 <u>39</u> to <u>March 31</u> 19 <u>39</u> I last saw her alive on <u>March 30</u> 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>10:45 a.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Nov 15 1861</u>				The principal cause of death and related causes of importance were as follows: <u>46</u>	
7. AGE	Years <u>77</u>	Months <u>4</u>	Days <u>16</u>	Date of Onset <u>about Jan. 1938.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				Carcinoma of Stomach	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				Other contributory causes of importance: <u>about 1930</u>	
10. Date deceased last worked at this occupation (month and year) _____				Arterio-sclerosis + Chronic Myocarditis	
11. Total time (years) spent in this occupation _____				Name of operation <u>None</u> Date of _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Woodhall New York</u>				What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u>	
13. NAME <u>Geo Hendrickson</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____	
14. BIRTHPLACE (city or town) (State or Country) <u>Emporium</u>				Where did injury occur? _____ (Specify city or town, county and State)	
15. MAIDEN NAME <u>Sarah Reidner</u>				Specify whether injury occurred in industry, in home, or in public place. _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Emporium</u>				Manner of injury _____	
17. INFORMANT (Address) <u>Agnes May Rose Globe Ariz</u>				Nature of injury _____	
18. BIRTHPLACE (city or town) (State or Country) _____				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
19. EMBALMER License No. <u>3208</u> Signature <u>M. J. McEllan</u>				If so, specify _____	
FUNERAL DIRECTOR <u>Miles Mortuary</u>				(Signed) <u>J. C. Harper</u> M. D.	
Address <u>Globe Ariz</u>				(Address) <u>Globe, Ariz</u>	
20. Filed <u>April 2 1939</u> Registrar _____				Back of Certificate to be used for any Additional Information	