

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
County Gila State ARIZONA State File No. 72
Township _____ or Village _____ Registered No. 46
City Globe No. _____ St. _____ or Ward _____
(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 2 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Wyle N. Roberts How long in State when death occurred? 21 yrs. _____ mos. _____ ds.
(a) Residence: No. 400 S. Hill St St. Globe (Usual place of abode)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|----------------|--|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u> | | | 21. DATE OF DEATH (month, day, and year) <u>6/17/1939</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Ida Roberts</u> | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>June 14, 1939</u> , to <u>June 17, 1939</u> I last saw him <u>her</u> alive on <u>June 17, 1939</u> ; death is said to have occurred on the date stated above, at <u>10:00 p.m.</u> | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Apr. 29, 1875</u> | | | | | The principal cause of death and related causes of importance were as follows: | |
| 7. AGE | Years <u>64</u> | Months <u>1</u> | Days <u>20</u> | If LESS than 1 day, _____ hrs. or _____ min. | Date of Onset | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u> | | | | <u>Valvular heart Disease</u> <u>Auricular Fibrillation</u> <u>Pulmonary Embolism</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 | | | | | Other contributory causes of importance: | |
| 12. BIRTHPLACE (city or town) <u>Prudonia</u> (State or Country) <u>Penn.</u> | | | | | | |
| FATHER | 13. NAME <u>W. L. Roberts</u> | | | | | |
| | 14. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country) <u>Penn.</u> | | | | | |
| MOTHER | 15. MAIDEN NAME <u>Anna Galas</u> | | | | | |
| | 16. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country) <u>Unknown</u> | | | | | |
| 17. INFORMANT <u>Mrs. Ada Roberts</u> (Address) <u>Globe Ariz.</u> | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cem.</u> Date <u>6/19/1939</u> | | | | | | |
| 19. EMBALMER License No. <u>288</u> Signature <u>W. H. McMillan</u> FUNERAL DIRECTOR <u>M. J. Mortuary</u> Address <u>Marietta Ariz.</u> | | | | | | |
| 20. Filed <u>June 19, 1939</u> Registrar <u>James H. ...</u> | | | | | | |
| | | | | | Name of operation _____ Date of _____ | |
| | | | | | What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u> | |
| 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? <u>no</u> | | | | | | |
| If so, specify _____ (Signed) <u>W. H. McMillan</u> , M. D. (Address) <u>Globe Ariz.</u> | | | | | | |