

2039

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. 9 **51**  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 79  
City Globe No. 405 South Fifth St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the NAME instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME William Fred Robinson How long in State when death occurred? \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.  
(a) Residence: No. 405 South Fifth St., \_\_\_\_\_ Ward, Detroit, Michigan  
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <b>Married</b>			21. DATE OF DEATH (month, day, and year) <b>Oct. 7 1939</b>	
5a. If married, widowed, or divorced HUSBAND of <b>Claire Robinson</b> (or) WIFE of _____					22. I HEREBY CERTIFY, that I attended deceased from _____ <u>1939</u> to <u>Oct 7</u> , 19 <u>37</u> I last saw <del>him</del> alive on <u>Oct 6</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>5:30 PM</u>	
6. DATE OF BIRTH (month, day, and year) <b>June 27 1875</b>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <b>64</b>	Months <b>3</b>	Days <b>10</b>	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. <b>Salesman</b>				<b>Valvular Heart Disease Pulmonary TB</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Frazer Paint Co., Detroit Mich</b>					
	10. Date deceased last worked at this occupation (month and year) _____ spent in this occupation _____					
12. BIRTHPLACE (city or town) <b>Lindsley Ontario, Canada</b> (State or Country)						
MOTHER	13. NAME <b>Robert Robinson</b>					
	14. BIRTHPLACE (city or town) <b>Canada</b> (State or Country)					
FATHER	15. MAIDEN NAME <b>Jane Gibson</b>					
	16. BIRTHPLACE (city or town) <b>Canada</b> (State or Country)					
17. INFORMANT <b>Mrs. Claire Robinson</b> (Address) <b>Globe, Arizona</b>						
18. BURIAL, CREMATION, OR REMOVAL <b>Cremation</b> Place <b>Phoenix, Arizona</b> date <u>10/9/39</u>						
19. EMBALMER License No. <b>18-A</b> Signature <i>[Signature]</i> FUNERAL DIRECTOR License # <b>10-A</b> Address <b>Globe, Arizona</b> Signature <i>[Signature]</i>						
20. Filed <u>Oct. 9, 1939</u> <i>[Signature]</i> 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) <i>[Signature]</i> M. D. (Address) <b>Globe</b>	