

SOCIAL SECURITY NO. 1

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 92  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami Inspiration Hosp. St. \_\_\_\_\_ 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 12 yrs. mos. ds. How long in U.S. if of foreign birth 30 yrs. mos. ds.  
 2. FULL NAME James McRobert How long in State when death occurred 12 yrs. mos. ds.  
 (a) Residence: 906 Rose Road, Miami, Ariz. (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Nov 1882

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
52 5 ?

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Kilmarnock  
 (State or Country) Ayrshire, Scotland

MOTHER  
 13. NAME Alexander McRobert  
 14. BIRTHPLACE (city or town) Scotland  
 (State or Country) \_\_\_\_\_

FATHER  
 15. MAIDEN NAME Helen Wallace  
 16. BIRTHPLACE (city or town) Scotland  
 (State or Country) \_\_\_\_\_

17. INFORMANT John McRobert  
 (Address) 522 9th St. Santa Monica, Cal.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place Pinal Cemetery Date 5-16-1940

19. EMBALMER { License No. 12-A Signature [Signature]  
 FUNERAL DIRECTOR Rita C. Miles  
 Address Miami Arizona

20. Filed May 15, 1940 Nelson D. Brewster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-14, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1940, to May 14, 1940  
 I last saw him alive on May 14, 1940; death is said to have occurred on the date stated above, at 3:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pyrimia coeca Meningitis Date of Onset 5-12-40  
Cardio-respiratory failure 5-13-40

Other contributory causes of importance: \_\_\_\_\_

Name of operation As Date of \_\_\_\_\_  
 What test confirmed diagnosis? Spinal fluid 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 \_\_\_\_\_  
 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) William D. King Jr. M. D.  
 (Address) Miami Inspiration Hospital Miami Ariz.

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.