

1642

Dr. Hartman

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **104**

Registrar's No. **42**

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 100 So. Pomeroy St.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 37; In Community 30 yrs. In Arizona 34 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits write RURAL)

(d) Street No. 100 So. Pomeroy St. (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Sarah C. Robin (b) If veteran (c) Social Security No.
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Polley F. Robin</u>		6. (c) Age of husband or wife, if alive <u> </u> yrs.
7. Birthdate of deceased <u>May 29, 1886</u> (Month) (Day) (Year)		
8. AGE: Years <u>74</u>	Months <u>2</u>	Days <u>5</u> If less than one day hrs. <u> </u> min. <u> </u>
9. Birthplace <u>St. Thomas, Nevada</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business <u>Own Home</u>		
Father	12. Name <u>Charles Pierson</u>	
	13. Birthplace <u>England</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Lora Wilkinson</u>	
	15. Birthplace <u>England</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Dewey Salin</u>		
(b) Address <u>128 So Pomeroy St Mesa</u>		
17. (a) Burial, Cremation or Removal <u>Removal</u>		
(b) Place <u>St. David, Ariz.</u> (c) Date <u>8-4-40</u> 19 <u> </u>		
18. (a) Embalmer's Signature <u>W. H. Bell - 228-A</u>		
(b) Funeral Director <u>Waldron Mortuary</u>		
(c) Address <u>Mesa, Arizona</u>		
19. (a) <u>8/6/40</u> (Date received local Registrar)		
(b) <u>[Signature]</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 1, 1940
TIME (Hour and minute) 2:30 P.

21. I hereby certify that I attended the deceased from June 15 PM, 1939 to Aug 1, 1940
that I last saw her alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chemia

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means

23. Signature [Signature]
Address Mesa Date signed 8/3/40

DURATION
9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.