

2579

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Beckett
State File No. **55**
Registrar's No. **101**

1. Place of Death: (a) County *Gila* (b) City or Town *Miami* (c) Location *Gila Co Hospital*
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution *2 hours*; In Community *9 yrs*; In Arizona *37 yrs*
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State *Ariz*; (b) County *Gila*; (c) City or Town *Miami*
(If outside city limits write RURAL)
(d) Street No. *Rosenberger Hill*; (e) If foreign born in U.S.A. *No* yrs.
3. (a) FULL NAME *Frank Greenleaf Robertson* (b) If veteran *No* (c) Social Security No. *None*
(If NONE write the word)

4. Sex *Male* 5. Color or Race *White* 6. (a) Single, married, widowed or divorced *Married*
6. (b) Name of husband or wife *Vida S. Robertson* 6. (c) Age of husband or wife, if alive *54* yrs.
7. Birthdate of deceased *May 14 1877*
(Month) (Day) (Year)
8. AGE: Years *63* Months *5* Days *2* If less than one day hrs. min.

9. Birthplace *Cook Co. Oregon*
(City, town or county) (State or Country)

10. Usual Occupation *Miner*

11. Industry or Business

Father 12. Name *Greenleaf N. Robertson*
13. Birthplace *Ohio*
(City, town or county) (State or Country)

Mother 14. Maiden Name *Rebecca Jane Linder*
15. Birthplace *Ill.*
(City, town or county) (State or Country)

16. (a) Informant's own signature *Vida S. Robertson*
(b) Address *Miami Ariz*

17. (a) Burial, Cremation or Removal *Burial*
(b) Place *Pinal* (c) Date *Oct 18 1940*

18. (a) Embalmer's Signature *J. H. Mahoney*
(b) Funeral Director *J. H. Mahoney*
(c) Address *Miami Ariz*

19. (a) *Oct 18-1940*
(Date received local Registrar)
(b) *Irrene W. Wansley*
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) *Oct 16 1940*
TIME (Hour and minute) *7:00 P M*

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death *Fracture of skull*
Due to _____
Due to *accident fall down stairs*
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

DURATION *3 1/2 hrs*
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) *Fall down stairs*
(b) Date of occurrence *Oct 16 ~ 3:30 PM 1940*
(c) Where did injury occur? *Miami Gila Ariz*
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? *Public Place*
(Specify type of place)
While at work? *No* (e) Means of injury *Fall*

23. Signature *E. L. Wansley* M.D.
Address *26 Keyston Ave. Oct 16-40*
Coroner Miami, P.O. No. 1