

635

Prayton

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 98
Registrar's No. 31

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Lost Gulch
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Life 10 mos; In Arizona 10 mos
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami Rural
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Alberta Pat Rollins (b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased July 7, 1940
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
10 1 hrs. min.
9. Birthplace Phoenix Arizona
(City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business _____
Father { 12. Name No Record
13. Birthplace _____
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elsie Violet Rollins
15. Birthplace Pittsburgh Penna.
(City, town or county) (State or Country)
16. (a) Informant's own signature F.W. Hicklin
(b) Address Miami Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date May 10, 1941
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona
19. (a) May 10 1941
(Date received local Registrar)
(b) Nelson & Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 8, 1941
TIME (Hour and minute) 9 A.M.
21. I hereby certify that I attended the deceased from May 8, 1941
_____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: Child dead on arrival at home
Due to Enteritis DURATION 4 days
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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? _____ (b) Means of injury _____
23. Signature Nelson & Brayton
Address Miami Ariz Date signed May 10 1941