

1736

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 36

1. Place of Death: (a) County Cochise (b) City or Town Rural Douglas (c) Location County Hospital
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution 1 day; In Community 35 yrs; In Arizona 45 yrs
 (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas
 (If outside city limits also write RURAL)
 (d) Street No. St James Hotel Douglas Arizona; (e) If foreign born, in U. S. A. None yrs.
 3. (a) FULL NAME Robert Fitch Wilson (b) If veteran name war None (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 Nettie Wilson 6. (c) Age of husband or wife, if alive 53 yrs.
 7. Birthdate of deceased June 18th 1875
 (Month) (Day) (Year)
 8. AGE: Years 66 Months 1 Days 2 If less than one day hrs. min.

9. Birthplace Texas
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business
 12. Name Robert Wesley Wilson
 13. Birthplace Texas
 (City, town or county) (State or Country)

14. Maiden Name Not Known
 15. Birthplace Texas
 (City, town or county) (State or Country)

16. (a) Informant's own signature Belle Erickson
 (b) Address Paradise Ariz.

17. (a) Burial, Cremation or Removal Removal
 (b) Place Paradise Ariz Date 7-21-41 1941

18. (a) Embalmer's Signature John Brown 238-A
 (b) Funeral Director Porter & Ames
 (c) Address Douglas Arizona

19. (a) July 21 - 41
 (Date received local Registrar)
 (b) Bevilacqua
 (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION
 20. DATE OF DEATH (Month, day and year) 7-20-41 1941
 TIME (Hour and minute) 4:40 A.M. M.
 21. I hereby certify that I attended the deceased from 7-19-41
 to 7-20-41 1941
 that I last saw h. im alive on 7-19-41 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Due to Ch. Myocarditis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

DURATION
1 day
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? _____ (e) Means of injury _____
 23. Signature James P. Casper, M.D.
 Address Douglas Ariz Date signed 7-20-41