2205

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 490
Registrar's No. 143

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Pamsetgaar Sanitarium (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 week; In Community 21 years; In Arizona 22 years (Specify whether years, months or days)

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

(d) Street No. 134 North Second Street.; (e) If foreign born, in U. S. A. ____ yrs.

3. (a) FULL NAME Mrs. Margaret R. Hirshfeld (b) If veteran name war ____ (c) Social Security No. ____ (If NONE write the word)

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Divorced
6. (b) Name of husband or wife: I. M. Hirshfeld
6. (c) Age of husband or wife, if alive: 75 yrs.

7. Birthdate of deceased: June (Month) 15, (Day) 1890. (Year)

8. AGE: Years 51 | Months 1 | Days 7 | If less than one day hrs. ____ min. ____

9. Birthplace: Denver, (City, town or county) Colorado. (State or Country)

10. Usual Occupation: Asst. Editor of the
11. Industry or Business: Prescott Evening Courier.

Father
12. Name: John Ross Robertson
13. Birthplace: Buffalo, (City, town or county) New York. (State or Country)

Mother
14. Maiden Name: Adele Kunsemiller
15. Birthplace: St. Louis, (City, town or county) Missouri. (State or Country)

16. (a) Informant's own signature: Gray O. Gulbson
(b) Address: 2028 E. 8th St. Tucson, Arizona.

17. (a) Burial, Cremation or Removal: Cremation
(b) Place: Phoenix, Ariz. (c) Date: Jul. 25, 1941.

18. (a) Embalmer's Signature: C. H. Stymberg
(b) Funeral Director: Lester Rufener
(c) Address: Prescott, Arizona.

19. (a) July 24, 1941 (Date received local Registrar)
(b) ____ (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 22, 1941;
TIME (Hour and minute) 5:25 P.M.

21. I hereby certify that I attended the deceased from July 11, 1941 to July 22, 1941; that I last saw her alive on July 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial insufficiency — 1 day
Due to: Toxemia — 7 days
Due to: Bilateral Lobar Pneumonia — 11 days.
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION

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: J. V. Southworth M. D.
Address: Prescott, Arizona Date signed: Jul. 23, 1941.