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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 102
Registrar's No. 1

1. Place of Death: (a) County Gila (b) City or Town Rural (c) Location Near Pine Ariz.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 15 yrs.; In Arizona 23 yrs.
(Specify whether years, months or days) Rural, near Pine
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town _____
(If outside city limits write RURAL)
(d) Street No. _____
3. (a) FULL NAME Oran Roscoe Roberts. (b) If veteran _____ (c) Social Security No. _____
name war. W.W.#7 (If NONE write the word)

4. Sex Male 5. Color or Race White Amer. 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lou Roberts 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Nov. 1, 1889.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 17 hrs. _____ min. _____

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

10. Usual Occupation Retired

11. Industry or Business _____

12. Name Charles Roberts.

13. Birthplace Indiana.
(City, town or county) (State or Country)

14. Maiden Name Martha Brown.

15. Birthplace Indiana.
(City, town or county) (State or Country)

16. (a) Informant's own signature Lou Roberts

(b) Address Pine Arizona.

17. (a) Burial, Cremation or Removal Removal

(b) Place Phoenix Ariz Date 5/18/42 19____

18. (a) Embalmer's Signature _____

(b) Funeral Director A.L. Moore & Sons.

(c) Address Phoenix Arizona.

19. (a) May-19 1942
(Date received local Registrar)

(b) Frank L. Randall
(Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5/17/42 19____;
TIME (Hour and minute) 10:50 P. M.

21. I hereby certify that I attended the deceased from 5/15/42
to 5/15/42 19____;

that I last saw him alive on 5/15/42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia.

DURATION

1 week

Due to _____

Due to _____

Other conditions Pulmonary tuberculosis

(Include pregnancy within 3 months of death)

24 yrs

Major findings: _____

Of operations _____

PHYSICIAN

Of autopsy _____

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 F.H. Cartmell M.D.

Address Payson Arizona. Date signed 5/18/42