

797

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 202

Registrar's No. 724
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 215 W. Apache Street
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 75 years; in Arizona 75 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 215 West Apache Street; (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME Calvin Benjamin Bobo (b) If Veteran name Bobo Social Security No. None
(If Yes, which country) (If NONE write the word)

4. Sex Male 5. Color or Race Colored 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Sadie Bobo 6. (c) Age of husband or wife, if alive 64 yrs.
7. Birthdate of deceased March 15 1873
(Month) (Day) (Year)
8. AGE: Years 69 Months 1 Days 26 If less than one day hrs. _____ min. _____

9. Birthplace Covtland, Mississippi
(City, town or county) (State or Country)
10. Usual Occupation Poultry Breeder
11. Industry or Business _____
Father { 12. Name George Bobo
13. Birthplace Covtland, Mississippi
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Sadie Bobo
(b) Address 715 W. Apache Street
17. (a) Burial, Cremation or Removal Burial
(b) Forest Lawn (c) Date May 14 1942
18. (a) Embalmer's Signature Leland A. Ward
(b) Funeral Director East Lake Mortuary
(c) Address 1641 E. Jefferson Street

19. (a) _____ (Date received local Registrar)
(b) Lois Hughes (Registrar's Signature)
MAY 16 1942

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 11 1942
TIME (Hour and minute) 12:30 o'clock P. M.

21. I hereby certify that I attended the deceased from April 10 42
_____, 19____ to May 11 42, 19____;
that I last saw him alive on May 11 42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cerebral hemorrhage
Due to arterial hypertension
Due to age
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy None

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? _____ Means of injury _____
23. Signature J.P. Hightower M. D.
Address 1609 9th St. Date signed 5/12/42