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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. 817

Registrar's No. 27

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General 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 1 day; In Arizona 6 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arkansas; (b) County Fairbault; (c) City or Town Truman
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Alma Roulett (b) If veteran name war No (c) Social Security No. No
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Robert Roulett 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 3rd. 1898
(Month) (Day) (Year)
8. AGE: Years 44 Months 7 Days 3 if less than one day
hrs. min.

9. Birthplace Jackson County, Arkansas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Sherman Lamb
13. Birthplace Indiana
(City, town or county) (State or Country)

Mother { 14. Maiden Name Matilda Young
15. Birthplace Jackson County, Arkansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Robt. Roulett
(b) Address Oroville, Calif.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 3/5/43

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) March 6-43
(Date received local Registrar)
(b) Gene Wansler
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 3rd. 1943
TIME (Hour and minute) 6:45 AM

21. I hereby certify that I attended the deceased from March 2, 1943 to March 3, 1943
that I last saw her alive on March 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis (Terminal uraemia)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 I. C. Harper M. D.
Address Globe, Ariz. Date signed 3-4-43

DURATION

about 3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.