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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town Coolidge Dam (c) Location At Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Unknown; in Arizona life  
(Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) no

3. (a) FULL NAME Dora Robson (b) If Veteran name war \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ Social Security No. none  
(If NONE write the word)

4. Sex female 5. Color or Race Apache 4/4 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Che-dish-co 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased: \_\_\_\_\_ ? ? ?  
(Month) (Day) (Year)

8. AGE: Years 78 Months ? Days ? If less than one day hrs. no min. no

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

10. Usual Occupation none

11. Industry or Business none

12. Name Unknown

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

14. Maiden Name Unknown

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

16. (a) Informant's own signature Wallace Johnson

(b) Address Coolidge Dam, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Bylas (c) Date 3-22 1943

18. (a) Embalmer's Signature none

(b) Funeral Director none

(c) Address none

19. (a) 3-23-43  
(Date received local Registrar)

(b) Joseph L. Sackler MD  
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 20, 1943;  
TIME (Hour and minute) 8 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis far advanced

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 Joseph L. Sackler M.D. Address San Carlos, ARIZ. Date signed 3/23/43

DURATION Several years  
PHYSICIAN Underline the cause to which death should be charged statistically

San Carlos Res., San Carlos Agency, San Carlos, Arizona