

1471

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 817
Registrar's No. 22

1. Place of Death: (a) County Sila (b) City or Town Miami (c) Location M.D. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 weeks; In Community 4 months; in Arizona 4 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ohio (b) County Cuyahoga (c) City or Town Cleveland
(If outside city limits also write RURAL)
(d) Street No. 9507 Adams Ave - Cleveland Ohio (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Carl John Rubly (b) If Veteran name was no (c) Social Security No. 276-18-5571

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced
6. (b) Name of husband or wife Louise F. Rubly 6. (c) Age of husband or wife, if alive... yrs
7. Birthdate of deceased Feb 3 1970
(Month) (Day) (Year)
8. AGE: Years 73 Months 1 Days 30 If less than one day
hrs. min.

9. Birthplace Winterthur Switzerland
(City, town or county) (State or Country)
10. Usual Occupation Pattern Maker
11. Industry or Business American Shipbuilding Co.
Father { 12. Name Unknown
13. Birthplace Switzerland
(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 Sam R. Rubly
(b) Address Box 505, Miami, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Cleveland Ohio (c) Date Apr 5 1943
18. (a) Embalmer's Signature J. N. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) April 2 1943
(Date received local Registrar)
(b) Lucas S. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 2 1943
TIME (Hour and minute) 7:45 A.M.
21. I hereby certify that I attended the deceased from Jan 1
1943 to Apr 2 1943
that I last saw him alive on Apr 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized spread of
Melanocarcinoma
(Primary Site, Pituitary)
Due to Excision
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
7 1/2 yrs
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? (o) Means of injury
23. Signature L. Adams M. D.
Address Miami, Ariz. Date signed 4/2/43

Dr. Adams