

1505

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43
Registrar's No. 43

1. Place of Death: (a) County Gila (b) City or Town Coolidge Dam (c) Location Resd. Rupkey Store
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 40 years; In Arizona 64 years
(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. Resd. rear of Rupkey Store; (e) If foreign born, in U. S. A _____ yrs.
3. (a) FULL NAME Robert Lee Rupkey (b) If veteran No (c) Social Security No. No
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Katie Ayers Rupkey 6. (c) Age of husband _____ yrs.
7. Birthdate of deceased Nov. 22nd. 1874
(Month) (Day) (Year)
8. AGE: Years 68 Months 4 Days 27 If less than one day
hrs. _____ min. _____
9. Birthplace Indianapolis, Indiana
(City, town or county) (State or Country)
10. Usual Occupation Merchant
11. Industry or Business _____
Father { 12. Name John Rupkey
13. Birthplace No Record
(City, town or county) (State or Country)
Mother { 14. Maiden Name Louise Alexander
15. Birthplace Indianapolis Indiana
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Katie Rupkey
(b) Address Coolidge Dam, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz (c) Date 4/21/43
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) May 1 - 43
(Date received local Registrar)
(b) Frederic Wauselle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 19th 1943
TIME (Hour and minute) 5:00 AM M.
21. I hereby certify that I attended the deceased from Dec
1942 to April 19, 1943;
that I last saw him alive on April 16, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary
Thrombosis
Due to Endarteritis (Endarteritis)
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
24 hrs.
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? _____ (Specify type of injury)
23. Signature [Signature] M. D.
Address Globe Ariz Date signed 4/24/43