2082

51

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. ____ Registrar's No. 90

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location 626-17th St (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community 25 years (Specify whether years, months or days); in Arizona 50 yrs

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

(d) Street No. 626- 17th Street; (e) Citizen of foreign country (yes or No) No

If Yes, which country ____

3. (a) FULL NAME Nellie Morris Robertson (b) If Veteran name war ____ Social Security No. ____ (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Divorced

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased December 29th 1887 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 17 If less than one day hrs. ____ min. ____

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

10. Usual Occupation Home

11. Industry or Business ____

Father
12. Name Porter Morris
13. Birthplace California (City, town or county) (State or Country)

Mother
14. Maiden Name Ellen [illegible] Biggs
15. Birthplace Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. [illegible] Cinty
(b) Address 626- 17th Street

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas Ariz (c) Date 5-19-43 19__

18. (a) Embalmer's Signature H E Ames 19__
(b) Funeral Director Porter & Ames
(c) Address Douglas Arizona

19. (a) May 18-1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-16-43, 19__;
TIME (Hour and minute) 2.30 P.M. M.

21. I hereby certify that I attended the deceased from May, 1940 to May 16, 1943;
that I last saw her alive on May 16, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to ____

Due to ____

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

Major findings:
Of operations ____

Of autopsy ____

DURATION
3 yr

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? ____ (e) Means of injury ____

23. Signature [signature] M. D.
Address Douglas Ariz Date signed 5/18/43