

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **103**

Registrar's No. **77**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **550 East Mesquite St**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community **44 yrs.**; In Arizona **44 Yrs.**
(Specify whether years, months or days)

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

(d) Street No. **550 East Mesquite St.,** (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. **No**

3. (a) FULL NAME **Robert Lee Pinyan** (b) If Veteran name war **No** (c) Social Security No. **No**

4. Sex **Male** 5. Race **White**
White Indian Negro Oriental **White**

6. (a) Single, married, widowed or divorced **Married**
(b) Name of husband or wife **Cora E. Pinyan** (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **Dec. 12th 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **17**
If less than one day hrs. min.

9. Birthplace **Pea Ridge, Arkandas**
(City, town or county) (State or Country)

10. Usual Occupation **Mining & Beace Officer**

11. Industry or Business _____

Father { 12. Name **George Pinyan**
13. Birthplace **Georgia**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **Nancy Dawson**
15. Birthplace **Georgia**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Mrs. Ruth Osborne**
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Arizona** (c) Date **6/13/44** 19__

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

19. (a) **June 10 1944**
(Date received Local Registrar)
(b) **June 10 1944**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **May 29th 1944** 19__
TIME (Hour and minute) **3:10 PM** M.

21. I hereby certify that I attended the deceased from **Oct. 1, 1943** to **May 29, 1944**
that I last saw him alive on **May 29, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate gland**

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 **J. C. Harper** M. D.
Address **Globe, Ariz** Date signed **6-5-44**

DURATION **2 yrs.**
PHYSICIAN
Underline the cause to which death should be charged statistically