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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 105 ✓

Registrar's No. 1031

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution less than 1 day In Community Life; in Arizona Life
(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. _____; (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME William Roberts (b) If Veteran name war No (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Jany. 15th 1901
(Month) (Day) (Year)
8. AGE: Years 43 Months 7 Days 29 If less than one day hrs. min.
9. Birthplace Globe, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Invalid - None
11. Industry or Business _____
Father { 12. Name Louis Roberts
13. Birthplace Canada
(City, town or county) (State or Country)
Mother { 14. Maiden Name Nellie Miller
15. Birthplace Burlington, Vermont
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred L. Roberts
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona on 9/17/44
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Oct. 2-44 (Date received local Registrar)
(b) James H. Havelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 14th 1944
TIME (Hour and minute) 8:30 AM M.
21. I hereby certify that I attended the deceased from Sept 14, 1944
to Sept 14, 1944; that I last saw him alive on September 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure following administration of Sodium Pentothal
Due to _____
Due to Multiple Chronic Arteriosclerosis
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 15 minutes only
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 Adrian E. Clark M. D.
Address Globe, Arizona Date signed 10-4-1944