1956

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 21

Registrar's No. 47

1. Place of Death: (a) County Cochise (b) City or Town Bisbee (If outside city limits also write RURAL) (c) Location C.O. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 10 d ; In Community 20 yrs. ; In Arizona 20 yrs. (Specify whether years, months or days)

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

(d) Street No. 16 Mohave Trail ; (e) Citizen of foreign country (Yes or No) No If Yes, which country -----

3. (a) FULL NAME Robert W. Browder (b) If Veteran name war No (c) Social Security No. —

4. Sex: Male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband: Mrs. Mary Browder

6. (c) Age of husband or wife, if alive 45 yrs.

7. Birthdate of deceased Oct. (Month) 7, (Day) 1901 (Year)

8. AGE: Years 43 | Months 6 | Days 26 | If less than one day hrs. ..... min. .....

9. Birthplace South Carolina (City, town or county) (State or Country)

10. Usual Occupation Electrician

11. Industry or Business General

Father
12. Name Julius Browder
13. Birthplace So. Carolina (City, town or county) (State or Country)

Mother
14. Maiden Name Abbis Taylor
15. Birthplace So. Carolina (City, town or county) (State or Country)

16. (a) Informant's own signature Mary Browder
(b) Address Warren, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Bisbee, Arizona (c) Date 5/5/45 19

18. (a) Embalmer's Signature John B. Dugan.
(b) Funeral Director John B. Dugan
(c) Address Bisbee, Arizona

19. (a) May 10 1945 (Date received Local Registrar)
(b) Margaret J. Maloney (Registrar's Signature) E Ross

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May, 3, 1945 ;
TIME (Hour and minute) 3:15 A.M. M.

21. I hereby certify that I attended the deceased from April, 24, 1945 to May. 3d, 1945 ; that I last saw him alive on May, 3, 1945 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — DURATION 5 days.

Due to Mitral Insufficiency — 8 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 [illegible] M. D.
Address Bisbee Ariz Date signed May 5 1945