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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 97

Registrar's No. 105

1. Place of Death: (a) County Gila (b) City or Town Globe, (c) Location 332 South 1st St.,
(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 40 years
(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. 920 East Bailey St.; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Maud Ethel Roberts (b) If Veteran name war No (c) Social Security No. No

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

(b) Name of husband or wife Fred L. Roberts 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Sept. 22nd, 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 28 If less than one day
hrs. 4 min. _____

9. Birthplace Denver, Colorado
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name James Lightfoot

13. Birthplace Kansas
(City, town or county) (State or Country)

14. Maiden Name Margaret (?)

15. Birthplace Kansas
(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 (Date 12/23/45)

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Dec. 29-45
(Date received Local Registrar)

(b) Irma Wauwelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 20th 1945
TIME (Hour and minute) 12:55 PM M.

21. I hereby certify that I attended the deceased from Dec. 20
1945 to Dec. 20 1945
that I last saw h.e.r. alive on Dec. 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocardial degeneration years

Due to HYPERTENSION years

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 Alvando J. Bossel M. D.
Address State St. Date signed 12-29-45

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically