1253

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 48
Registrar's No. 87

1. Place of Death: (a) County Cochise (b) City or Town Lowell (If outside city limits also write RURAL) (c) Location -- (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution --; In Community 8 years (Specify whether years, months or days); In Arizona 8 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Lowell (If outside city limits also write RURAL)
(d) Street No. Above Brophy Garage (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Robert Lee Jett, Sr (b) If Veteran name war (c) Social Security No. 441-05-3350

4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Dessie Jett
6. (c) Age of husband or wife, if alive 59 yrs.

7. Birthdate of deceased Nov (Month) 11 (Day) 1887 (Year)

8. AGE: Years 59 Months 0 Days 18 If less than one day hrs. min.

9. Birthplace Rocky Springs Miss. (City, town or county) (State or Country)

10. Usual Occupation Mechanical foremen

11. Industry or Business

Father
12. Name Joseph Jett
13. Birthplace Beaurepard Miss (City, town or county) (State or Country)

Mother
14. Maiden Name Jo Ann Benton
15. Birthplace Beaurepard Miss (City, town or county) (State or Country)

16. (a) Informant's own signature William Norman Harris
(b) Address Box 1982 Bisbee. Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Lowell, Arizona (c) Date 12/3 1946

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director [illegible]
(c) Address Bisbee Arizona

19. (a) Dec 2 - 1946 (Date received Local Registrar)
(b) Margaret L Maleady (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 29, 1946;
TIME (Hour and minute) 8;10 A.M. M.

21. I hereby certify that I attended the deceased from April, 1946 to Nov. 29, 1946;
that I last saw him alive on Nov. 29, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to Essential Hypertension

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
minutes
10 years.

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 Joseph Saba M.D.
Address Bisbee Ariz Date signed 11/29/46

40M—100% Rag—6-10-44