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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 76
Registrar's No. 13

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 14 days; In Community 25 yrs In Arizona 1905 - 1942 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 1072 Adonis Ave. (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME George Steel Robertson (b) If Veteran name war No (c) Social Security No. 527-30-9517

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Divorced
(b) Name of husband or wife Ida Robertson (c) Age of husband or wife, if alive — yrs.

7. Birthdate of deceased Aug 22 1872
(Month) (Day) (Year)
8. AGE: Years 74 Months 5 Days 24 If less than one day hrs. min.

9. Birthplace Glasgow Scotland
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business
12. Name William Robertson
13. Birthplace Scotland
(City, town or county) (State or Country)

14. Maiden Name Unda Anna
15. Birthplace Scotland
(City, town or county) (State or Country)

16. (a) Informant's own signature Allan G. Robertson
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Funer. Cem. (c) Date Feb 21 1947

18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Marthay
(c) Address Miami Ariz.

19. (a) Feb 25 1947
(Date received Local Registrar)
(b) Arnon D. Brazier
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 16, 1947
TIME (Hour and minute) 10:15 a. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947 to Feb 16, 1947
that I last saw him alive on Feb 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to _____

Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations _____

Of autopsy _____

DURATION
2 weeks

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 Bert Tambrecht M. D.
Address Miami Ariz. Date signed 2-24-47

Arnon D. Brazier