

9487

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 115
Registrar's No. 20
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 401 Wentworth
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution none; In Community 39 yrs.; In Arizona 39 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. 401 Wentworth; (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Vida S. Robertson (b) If Veteran name war no (c) Social Security No. none

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Frank S. Robertson 6. (c) Age of husband or wife, if alive deceased
7. Birthdate of deceased Mar 27 1886
8. AGE: Years 60 Months 11 Days 13 If less than one day hrs. min.
9. Birthplace La Luz New Mexico (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
12. Name David Southerland
13. Birthplace Ohio (City, town or county) (State or Country)
14. Maiden Name Ervelyn Nichols
15. Birthplace N.Y. (City, town or county) (State or Country)

16. (a) Informant's own signature H.W. Riley
(b) Address Miami Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz; (c) Date Mar 18 1947
18. (a) Embalmer's Signature J. Neg Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz
19. (a) March 21 1947 (Date received Local Registrar)
(b) Harold S. Brayton (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) March 17, 1947
TIME (Hour and minute) 6:30 M.
21. I hereby certify that I attended the deceased from March 1
19 47 to March 17, 1947
that I last saw her alive on March 16, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia
Due to Carcinoma of the breast
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature John H. Wade M. D.
Address Miami, Ariz Date signed 3-21-47