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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. 7
Registrar's No.

1. Place of Death: (a) County Apache (b) City or Town St Johns (If outside city limits also write RURAL) (c) Location Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community ; In Arizona 35 yrs (Specify whether years, months or days)

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

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

3. (a) FULL NAME Robert Edward Lee Connolly If Veteran name war ; (c) Social Security No.

4. Sex: Male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Widower
6. (b) Name of husband or wife: Matilda Lee Wright
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased: Feb (Month) 18 (Day) 1867 (Year)
8. AGE: Years 79 Months 4 Days 23 If less than one day hrs. min.
9. Birthplace: Richardson Roane W.V.A. (City, town or county) (State or Country)
10. Usual Occupation: Laborer
11. Industry or Business:

Father
12. Name: Elias Connolly
13. Birthplace: Roane Co. W.V.A. (City, town or county) (State or Country)

Mother
14. Maiden Name: Matilda Greathouse
15. Birthplace: Spencer Roane Co. W.V.A. (City, town or county) (State or Country)

16. (a) Informant's own signature: Noah O. Connolly
(b) Address: St Johns Ariz.

17. (a) Burial, Cremation or Removal: Burial
(b) Place (c) Date May 13 1947

18. (a) Embalmer's Signature
(b) Funeral Director: Bishop Mills Greer
(c) Address: St Johns Ariz

19. (a) May 20 1947 (Date received Local Registrar)
(b) Leona W Heap (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-11, 1947;
TIME (Hour and minute) 10:25 a. M.

21. I hereby certify that I attended the deceased from 5-10, 1946 to 5-11, 1947; that I last saw him alive on 5-8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonitis

Due to: Streptococcus Sore Throat

Due to:

Other conditions: ✓ (Include pregnancy within three months of death)

Major findings: Of operations: ✓

Of autopsy: ✓

DURATION: 3 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: Lawrence D. Cremin M. D.
Address: St Johns Date signed 5-12-47

RECEIVED NAVAJO SERVICE Fort Defiance APR 19 1947

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