2423

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

150

State File No.
Registrar's No. 153

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Southside Hosp (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community [illegible] 1 day In Arizona 34 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Chandler (If outside city limits also write RURAL)
(d) Street No. 270 South Dakota street; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Ruth M. DOBBINS (b) If veteran name war No (c) Social Security No. No

4. Sex F.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife G. C. Dobbins
6. (c) Age of husband or wife, if alive 59 yrs.
7. Birthdate of deceased September 18, 1891 (Month) (Day) (Year)
8. AGE: Years 56 Months 11 Days 20 If less than one day hrs. min.
9. Birthplace Dublin Arkansas (City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business
Father 12. Name Charles Sutton
13. Birthplace Indiana (City, town or county) (State or Country)
Mother 14. Maiden Name Ida Walker
15. Birthplace No record (City, town or county) (State or Country)
16. (a) Informant's own signature G. C. Dobbins
(b) Address Chandler, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cemetery (c) Date 9-10-1947
18. (a) Embalmer's Signature Raymond E. Clark
(b) Funeral Director M. L. Gibbons Mortuary
(c) Address 33 N. Sirrine, Mesa, Ariz.
19. (a) 9-10-47 (Date received Local Registrar)
(b) Jess Muldrum (Registrar's Signature)

40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 7, 1947;
TIME (Hour and minute) 6:30 A. M.
21. I hereby certify that I attended the deceased from Sept 5, 1947 to Sept 7, 1947;
that I last saw her alive on Sept 7, 1947.
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions Diabetes + myocardial decompensation (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION

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 Charles L. van Poole M. D.
Address Chandler Ariz Date signed 9-10-47