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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

State File No. 286
Registrar's No. 1938

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 16 days (Specify whether years, months or days); In Community 45 yrs.; In Arizona 45 yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 316 East Willetta Street (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(b) If veteran name war None (c) Social Security No.

3. (a) FULL NAME William Robert ROBERSON

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 Goldie
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased July (Month) 2 (Day) 1877 (Year)
8. AGE: Years 70 Months 4 Days 17 If less than one day hrs. ..... min. .....
9. Birthplace Kirksville (City, town or county) Missouri (State or Country)
10. Usual Occupation Policeman
11. Industry or Business
Father 12. Name William Robert Roberson
13. Birthplace Ohio (City, town or county) (State or Country)
Mother 14. Maiden Name Ida Rebeca David
15. Birthplace Indiana (City, town or county) (State or Country)
16. (a) Informant's own signature Bertha R. Burt (sister)
(b) Address 1570 5th Ave. San Diego, Calif.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cm. (c) Date 11/22 1947
18. (a) Embalmer's Signature Robert E. Fitzgerald
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street
19. (a) NOV 24 1947 (Date received Local Registrar)
(b) M. [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 19, 1947; TIME (Hour and minute) 8:15 P. M.
21. I hereby certify that I attended the deceased from 11/3, 1947 to 11/19, 1947; that I last saw him alive on 11/19, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis c̄ aneurismal dilatation of aorta and rupture.
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy above cause of death

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 [illegible] M.D.
Address 15 E. Monroe Phoenix, Ariz. Date signed 11/20/47

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