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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. 2071  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town Winkelman (c) Location Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 39Yrs; In Arizona 42 Yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Winkelman  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
3. (a) FULL NAME Walter James Roberts (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Catherine Roberts 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased July 1 1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 1 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Putney Vt.  
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business Carpenter

Father { 12. Name Charles W. Roberts  
13. Birthplace Putney Vt.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Jane E. Roberts  
15. Birthplace Brattleboro Vt.  
(City, town or county) (State or Country)

16. (a) Informant's own signature John J. Roberts  
(b) Address Winkelman, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Winkelman (c) Date 4-5 1948

18. (a) Embalmer's Signature J. J. Sullivan  
(b) Funeral Director J. J. Sullivan  
(c) Address Winkelman, Ariz

19. (a) \_\_\_\_\_ (Data received Local Registrar)  
(b) J. J. Sullivan (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 2, 1948;  
TIME (Hour and minute) 6/30 AM

21. I hereby certify that I attended the deceased from Jan., 22, 1948 to Mar 28, 1948,  
that I last saw him alive on March, 28, 48, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within three months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

Several Years

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 J. Sullivan M. D.  
Address Hayden Date signed 4-2-48