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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

State File No. 2184
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 821 N. 5th St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 6 mo.; In Arizona 20 yrs. (Specify whether years, months or days)

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. 821 N. 5th St.; (e) Citizen of foreign country (Yes or No)..... If yes, which country.....

3. (a) FULL NAME Samuel John Robinson (b) If veteran name war..... (c) Social Security No.....

4. Sex: male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive.....yrs.

7. Birthdate of deceased Dec. 10 (Month) 1863 (Day) (Year)

8. AGE: Years 84 | Months 4 | Days 6 | If less than one day hrs..... min.....

9. Birthplace Payson, Utah (City, town or county) (State or Country)

10. Usual Occupation retired

11. Industry or Business

Father
12. Name Joseph Robinson
13. Birthplace Northampton, England (City, town or county) (State or Country)

Mother
14. Maiden Name Jemima Parks
15. Birthplace Derby England (City, town or county) (State or Country)

16. (a) Informant's own signature Elmo Robinson
(b) Address 821 N. 5th St.

17. (a) Burial, Cremation or Removal removal
(b) Place Chihuahua, Mexico (c) Date 4/20/48, 19

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen Kingsley Mortuary
(c) Address 1020 W. Washington

19. (a) APR 20 1948 (Date received Local Registrar)
(b) M. Kirk Dykes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4/16/48, 19.....;
TIME (Hour and minute) 6:45 P/m. M.

21. I hereby certify that I attended the deceased from Mar. 8, 1948, 19..... to Apr. 16, 19 48 that I last saw him alive on.....; 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Due to Metastasis to Liver
Due to Hepatic Stasis
Other conditions Arteriosclerosis
(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? Means of injury

23. Signature R. Shamp M. D.
Address 110 3 E. Culver Date signed Apr. 19, 1948

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