ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 3212

Registrar's No.

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

1. Place of Death: (a) County Greenlee (b) City or Town Duncan Ariz (If outside city limits also write RURAL) (c) Location (St. & No. or) Name of institution)

(d) Length of Stay: In Hospital or Institution ; In Community 15 years ; In Arizona 30 years (Specify whether years, months or days)

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

(d) Street No. ; (e) Citizen of foreign country (Yes or No) No ; If Yes, which country None

3. (a) FULL NAME Robert Thomas Bishop (b) If veteran name war None (c) Social Security No. None

4. Sex M.

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Zula Bishop

6. (c) Age of husband or wife, if alive 65 yrs.

7. Birthdate of deceased Dec 26 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 14 If less than one day hrs. min.

9. Birthplace Don't know Texas (City, town or county) (State or Country)

10. Usual Occupation Cattleman Rancher

11. Industry or Business Ranching

Father
12. Name Allen Frank Bishop
13. Birthplace Don't know Virginia (City, town or county) (State or Country)

Mother
14. Maiden Name Rebecca Elizabeth McCabe
15. Birthplace Don't know Ky (City, town or county) (State or Country)

16. (a) Informant's own signature Zula Bishop
(b) Address Duncan Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Duncan Ariz (c) Date June 16 1948

18. (a) Embalmer's Signature D. D. McMillen
(b) Funeral Director McMILLEN FUNERAL HOME
(c) Address Clifton Arizona

19. (a) June 17 - 1948 (Date received Local Registrar)
(b) E. U. Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15 1948;
TIME (Hour and minute) 2:30 P.M.

21. I hereby certify that I attended the deceased from April 20, 1948 to June 15 1948; that I last saw him alive on June 15 1948; and that death occurred on the date and hour stated above.

Immediate cause of death
UREMIA

Due to CARDIO-VASCULAR RENAL DISEASE

Due to

Other conditions (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 Robert L. Thomas D.O. M. D.
Address Duncan, Ariz. Date signed 6/15/48

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