

400357

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

5341 ✓

State File No. _____

Registrar's No. 1071

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 232 S. First St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 0; In Community 55 years; In Arizona 55 years
(Specify whether years, months or days)

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

(d) Street No. 232 South First Street

3. (a) FULL NAME MRS. NELLIE ROBERTS (b) If veteran name war None (c) Social Security No. Unknown

4. Sex Female 5. Race White 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 March 28, 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 8 hrs 1 min 1
If less than one day

9. Birthplace Burlington, Vermont
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business housewife

12. Name Louis Miller

13. Birthplace Montreal, Canada
(City, town or county) (State or Country)

14. Maiden Name Nellie Frances

15. Birthplace Unknown England
(City, town or county) (State or Country)

16. (a) Informant's own signature Earl R. Thomas
(b) Address 232 S. First St. Globe

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery (c) Date Oct 31, 1948

18. (a) Embalmers' Signature Frank J. Kelly
(b) Funeral Director Frank J. Kelly
(c) Address Globe Mortuary, Globe, Ariz

19. (a) Oct. 29-48
(Date received Local Registrar)

(b) Doree Wauvee
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 27, 1948
TIME (Hour and minute) 4:30 A.M.

21. I hereby certify that I attended the deceased from Aug 46 to 10-29-48
that I last saw her alive on 10-29, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Arthritis
(Include pregnancy within three months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Walter J. Basse M.D.
Address Globe Date signed 10-29-48

DURATION

years

PHYSICIAN

Underline the cause to which death should be charged statistically