

400907

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

5860

State File No. _____

Registrar's No. _____

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

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

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

(d) Street No. ----; (e) Citizen of foreign country (Yes or No) no

3. (a) FULL NAME Robert Norman (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 Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife, if alive --- yrs.

7. Birthdate of deceased Feb. 15 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 12 hrs. min.

9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Infant

11. Industry or Business ---

Father { 12. Name Stanton Norman
13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ida Polk
15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Chart
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 11-29 19 48

18. (a) Embalmer's Signature none
(b) Funeral Director none
(c) Address ----

19. (a) Nov. 29, 1948
(b) R.V. Rogues
(c) Registrar's Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 28, 19 48;
TIME (Hour and minute) 9:40 a.m.

21. I hereby certify that I attended the deceased from Nov. 20, 19 48 to Nov. 28, 19 48;
that I last saw him alive on Nov. 27, 19 48;

and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia follow-
ing measles.

Due to Measles & Dysentery

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? (a) Means of injury _____

23. Signature R.V. Rogues M. D.
Address San Carlos Date signed 11-29-48