

1483

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS *422.2* STATE FILE NO. **4823**
CERTIFICATE OF DEATH

BIRTH NO. _____ REGISTRAR'S NO. **73**

12 12
OF DEATH
15
AND
2207
RESIDENCE
9

1. PLACE OF DEATH A. COUNTY Pinal		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pinal	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Florence		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Coolidge	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA no record		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural	
D. FULL NAME OF HOSPITAL OR INSTITUTION Pinal Co. Hospital			

IDENT 3
PERSONAL
DATA 183
7
949

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Robert B. (MIDDLE) Preston C. (LAST) Sellers			4. SEX Male	5. COLOR OR RACE White
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH March DAY 31 YEAR 1866	8. AGE YEARS 83 MONTHS _____ DAYS _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired Farmer	9B. KIND OF BUSINESS OR INDUSTRY
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME S.S. Sellers	14B. BIRTHPLACE (STATE OR COUNTRY) No Record	15A. MOTHER'S MAIDEN NAME Martha Horton	15B. BIRTHPLACE (STATE OR COUNTRY) Alabama	
16. INFORMANT'S SIGNATURE San Sellers		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 17, 1949		

CAUSE OF DEATH
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Septicemic Heart Disease -		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

CONDITIONS, 2
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21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MICAL
RONER'S
ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **June 4**, 19**49** TO **Sept 17**, 19**49**. THAT I LAST SAW THE DECEASED ALIVE ON **Sept 17**, 19**49**. AND THAT DEATH OCCURRED AT **7 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE [Signature]	23B. ADDRESS Coolidge, Ariz	23C. DATE SIGNED 9/20/49
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ND
TRAR 2

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Sept 20, 1949	24C. NAME OF CEMETERY OR CREMATORY City Cemetery	24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Mesa, Arizona
25A. DATE REC'D BY LOCAL REG. Oct 12 - 1949	25B. REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR'S SIGNATURE [Signature]	27. EMBALMER'S SIGNATURE [Signature]