

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6418

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3668

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		B. LENGTH OF STAY IN THIS TOWN <u>3 Days</u> IN ARIZONA <u>24 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>			
	C. CITY OR TOWN <u>Whipple</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Parker</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Center</u>				D. STREET (IF RURAL GIVE LOCATION) ADDRESS <u>P. O. Box 2092</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>TRUMAN</u> B. (MIDDLE) <u>CARSON</u> C. (LAST) <u>ROBERTSON</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
	6B. NAME OF SPOUSE <u>Ida Robertson</u>		7. DATE OF BIRTH MONTH <u>3</u> DAY <u>1</u> YEAR <u>1897</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>	IF UNDER 1 YEAR MONTHS <u>-</u> DAYS <u>-</u>	IF UNDER 24 HRS. HOURS <u>-</u> MIN. <u>-</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Truck driver</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>Yes</u>	13. SOCIAL SECURITY NO. <u>8-5-18/5-7-19</u>		453 10 6482	
	14A. FATHER'S NAME <u>Charles Robertson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Ellen Carter</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		
16. INFORMANT'S SIGNATURE <u>[Signature]</u> ADDRESS <u>VA Hospital Records, Whipple, Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>JUNE 28 1964</u>				
CAUSE OF DEATH	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Heart disease</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Pulmonary hypertension</u> DUE TO (C) <u>Emphysema and Bronchiectasis - both lungs.</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH: <u>2</u> Years	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 26</u> , 19 <u>64</u> , TO <u>June 28</u> , 19 <u>64</u> . THAT HE DIED <u>DIED</u> ON <u>June 28</u> , 19 <u>64</u> , AT <u>5:25</u> A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CERTIFICATION	22A. SIGNATURE <u>L. WALZER, M.D.</u> (DEGREE OR TITLE) <u>Staff Physician</u>			22B. ADDRESS <u>VA Center, Whipple, Ariz.</u>		22C. DATE SIGNED <u>6-29-64</u>		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>-</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>-</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>-</u>			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>-</u> <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>-</u>			
	24A. CORONER'S SIGNATURE <u>-</u>			24B. ADDRESS <u>-</u>		24C. DATE SIGNED <u>-</u>		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>15 June 1964</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Veterans Administration Center</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Whipple, Arizona</u>	
	26A. DATE REC. BY LOCAL REG. <u>7/1/64</u>		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>Prescott, Ariz.</u>	
28A. EMBALMER'S SIGNATURE <u>[Signature]</u>				28B. EMBALMER'S CERT. NO. <u>247</u>				