

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

21

34 19 IND 201 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>				2. USUAL RESIDENCE A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>55 yrs 55 yrs</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) <i>Globe</i>			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Gila General Hospital</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1096 East Bailey Street</i>			
DENT 3 SONAL ATA 167 6 150	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Alfred</i> B. (MIDDLE) <i>Lewis</i> C. (LAST) <i>Roberts</i>			4. SEX <i>male</i>	5. COLOR OR RACE <i>White</i>			
	6. MARRIED (NEVER, HARRIED, WIDOWED, DIVORCED) <input type="checkbox"/>		7. DATE OF BIRTH <i>Sept 30 1882</i>		8. AGE <i>67</i> YEARS <i>3</i> MONTHS <i>7</i> DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <i>water superintendent</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Wage employee</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Idaho</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>	
USE 481X OF ATH M 18) 0	13. SOCIAL SECURITY NO. <i>526-16-9630</i>		14. FATHER'S NAME <i>Lewis Alfred Roberts</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Canada</i>		15A. MOTHER'S MAIDEN NAME <i>Nellie Miller</i>	
	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Ormont</i>		16. INFORMANT'S SIGNATURE <i>Raymond L. Roberts (son)</i>		ADDRESS <i>Globe, Ariz</i>		17. DATE OF DEATH <i>January 7-1950</i>	
	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 CONTRAICTED.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Influenza</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2-0 days</i>	
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
		DUE TO (c) <i>arteriosclerosis and chronic myocarditis</i>				<i>about 3 yrs.</i>		
ATIONS. OPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)			
ATH TO RNAL ENCE -	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?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan. 1 1950</i> TO <i>Jan. 7 1950</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan. 7 1950</i> AND THAT DEATH OCCURRED AT <i>10:30 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
ICAL ONER'S CATION 1	23A. SIGNATURE <i>T.C. Harper, M.D.</i>		(DEGREE OR TITLE)		23B. ADDRESS <i>Globe, Arizona</i>		23C. DATE SIGNED <i>1-9-50</i>	
	24A. BURIAL (CREMATION REMOVAL) <input checked="" type="checkbox"/>		24B. DATE <i>Jan 9 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe, Arizona</i>	
ERAL CTOR VD TRAR 2	25A. DATE REC'D BY LOCAL REG. <i>1-9-50</i>		25B. REGISTRAR'S SIGNATURE <i>Jesse Wauson</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Frank A. Gray</i>		ADDRESS <i>Globe, Arizona</i>	
					27. EMBALMER'S SIGNATURE <i>Frank A. Gray</i>		ADDRESS <i>Globe, Arizona</i>	