

Dr. Fillmore

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1518 ✓

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 71

DATE OF DEATH AND TIME L. RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 yr. 70 yr.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1302 Central Ave.	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Southside District Hospital			

OCCIDENT PERSONAL DATA 186 6 351	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Robert B. (MIDDLE) --- C. (LAST) Ferrin			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 5 DAY 15 YEAR 64	8. AGE YEARS 86 MONTHS 9 DAYS 23	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher--Retired	9B. KIND OF BUSINESS OR INDUSTRY Ranch	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	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 Jacob Samuel Ferrin	14B. BIRTHPLACE (STATE OR COUNTRY) New York	15A. MOTHER'S MAIDEN NAME Janneta McBride	15B. BIRTHPLACE (STATE OR COUNTRY) England		
16. INFORMANT'S SIGNATURE Ether S. Ferrin (Son)		ADDRESS Mesa, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 10, 1951		

CAUSE OF DEATH ITEM 18) 0	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 CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Acute Anemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY 2	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE	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) (MIN) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 8, 1951</u> TO <u>March 11, 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>March 11, 1951</u> AND THAT DEATH OCCURRED AT <u>11:44 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>A. J. Fillmore</i>	(DEGREE OR TITLE)	23B. ADDRESS Mesa, Arizona
		23C. DATE SIGNED 3-12-51	

FUNERAL DIRECTOR AND REGISTRAR 33	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 3-14-51	24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona
	25A. DATE REC'D BY LOCAL REG. 3-12-51	25B. REGISTRAR'S SIGNATURE <i>J. J. ...</i>	26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary	ADDRESS Mesa, Ariz. CERT. NO. 2288A
		27. EMBALMER'S SIGNATURE <i>P. M. ...</i>		