

CERTIFICATE OF DEATH

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Cochise	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Willcox		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN dragoon	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural Box 52	
D. FULL NAME OF HOSPITAL OR INSTITUTION Valley Hospital			
3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ROBERT B. (MIDDLE) BLAKE C. (LAST) LANDFAIR		4. SEX Male	5. COLOR OR RACE White
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH June DAY 5 YEAR 1868 AGE 82 MONTHS 10 DAYS 25	8. AGE
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Retired Lawyer		9B. KIND OF BUSINESS OR INDUSTRY Attorney	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio
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) ---	13. SOCIAL SECURITY NO. no
14A. FATHER'S NAME Edward Landfair		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Adrene Cox
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE Gene Landfair Dragoon Ariz	
17. DATE OF DEATH (MONTH) May (DAY) 1 (YEAR) 1951			
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 CONTRIBUTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis myocardial infarct (b) Peptic ulcer duodenum hemorrhage (c) General arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT (SPECIFY) SUICIDE		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?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 26 April 1951 TO 1 May 1951 THAT I LAST SAW THE DECEASED ALIVE ON 1 May 1951 AND THAT DEATH OCCURRED AT 7:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) W.F. Evemeyer M.D.		23B. ADDRESS Box 308, Willcox Ariz	23C. DATE SIGNED 2 May 51
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 5-5-51	24C. NAME OF CEMETERY OR CREMATORY Dragoon Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Dragoon		25A. DATE REC'D BY LOCAL REG. 5-5-51	
25B. REGISTRAR'S SIGNATURE J. P. Wilson		25C. REGISTRAR'S ADDRESS by Obelisk	26. FUNERAL DIRECTOR'S SIGNATURE William Fohm
26. FUNERAL DIRECTOR'S ADDRESS William Fohm		27. EMBALMER'S SIGNATURE William Fohm	CERT. NO. #338