

Jacobs

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5069**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **40**

BIRTH NO.

4 04
OF DEATH
23
402
RESIDENCE
5

1. PLACE OF DEATH

A. COUNTY **Wilcox**
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN **Miami**
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **7 mo. 30 yr.**
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION **Miami Ins. Hospital**

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE **Ariz.** B. COUNTY **Wilcox**
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN **Miami**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **Greer Canyon**

3. NAME OF DECEASED

(TYPE OR PRINT) (FIRST) (MIDDLE) (LAST) A. SEX B. COLOR OR RACE
Mattie Roberson Geadis Female **Indian**

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH DAY YEAR **Oct. 24 1920** 8. AGE YEARS MONTHS DAYS **30 10 0** 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **Housewife**

9B. KIND OF BUSINESS OR INDUSTRY

Domestic 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **St. McDowell Ariz.** 11. CITIZEN OF WHAT COUNTRY? **U. S.** 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

Thomas Roberson 14B. BIRTHPLACE (STATE OR COUNTRY) **unknown** 15A. MOTHER'S MAIDEN NAME **Gena** 15B. BIRTHPLACE (STATE OR COUNTRY) **Ariz.**

16. INFORMANT'S SIGNATURE

Jins Geadis ADDRESS **Miami Ariz.** 17. DATE OF DEATH (MONTH) (DAY) (YEAR) **Aug 24 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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)

Coronary Failure - Myocardial Infarction
ANTECEDENT CAUSES* MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST.
Chronic Nephritis
DUE TO (c) **Chronic Nephritis**

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Revascular Heart Disease

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH
Approx. 15

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **8/17 1951** TO **8/23 1951** THAT I LAST SAW THE DECEASED ALIVE ON **8/23 1951** AND THAT DEATH OCCURRED AT **12:20 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)

Dr. Jean E. Jensen M.D. 23B. ADDRESS **Phoenix Ariz.** 23C. DATE SIGNED **8/24/51**

24A. BURIAL CREMATION REMOVAL

24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE **Arden D. Boyce** 26. FUNERAL DIRECTOR'S SIGNATURE **Arden D. Boyce** ADDRESS **Phoenix Ariz.**

27. EMBALMER'S SIGNATURE

Arden D. Boyce CERT. NO. **2448**