

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5917  
5717

BIRTH NO.

4 OF DEATH AND RESIDENCE 1	1. PLACE OF DEATH A. COUNTY <b>Gila</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>New York</b> B. COUNTY		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Roosevelt (rural)</b> )		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>West Point</b>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <b>15 miles north of Roosevelt, Ariz.</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>U. S. Military Academy</b>		
1 IDENT SONAL ATA 122 7 V51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>HARRY</b> B. (MIDDLE) <b>KAY</b> C. (LAST) <b>ROBERTS Jr.</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	
	6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <b>Dec</b> DAY <b>29</b> YEAR <b>1929</b>		8. AGE YEARS <b>22</b> MONTHS <b>-</b> DAYS <b>1</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Cadet-U.S. Military Academy</b>	9B. KIND OF BUSINESS OR INDUSTRY <b>U.S.C.C.</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>U.S.C.C.</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oregon</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>yes</b>	13. SOCIAL SECURITY NO. <b>Unknown</b>	
	14A. FATHER'S NAME <b>Harry K. Roberts</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Ellen Brownell</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>
	16. INFORMANT'S SIGNATURE <b>On Record-U.S. Military Academy, West Point, N.Y.</b>			ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>December 30 1951</b>	
866X CAUSE OF DEATH (M 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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Injuries, multiple, extreme (with depressed skull fracture; multiple depressed fractures of thorax; complete evisceration of abdomen)</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1951</b>
	19A. DATE OF OPERATION ---		19B. MAJOR FINDINGS OF OPERATION ---		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
98 CAUSE OF DEATH (M 18) 0	21A. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	(SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>15 miles north of Roosevelt, Ariz.</b>	21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Roosevelt Gila Arizona</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>December 30, 1951 3:40PM</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Aircraft accident</b>			
19 GENERAL DIRECTOR AND REGISTRAR	22. I HEREBY CERTIFY THAT I VIEWED THE DECEASED <b>viewed</b> <b>at 10:30 A.M.</b> <b>Jan. 2, 1952</b> THAT I LAST SAW THE DECEASED <b>never</b> <b>19</b> AND THAT DEATH OCCURRED <b>3:40PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23. SIGNATURE (DEGREE OR TITLE) <b>Lewis B. Claypool, 1st Lt, USAF (MC)</b>		23B. ADDRESS <b>USAF Hospital Williams AF Base, Chandler, Ariz.</b>
	23A. SIGNATURE (DEGREE OR TITLE) <b>Lewis B. Claypool, 1st Lt, USAF (MC)</b>	23B. ADDRESS <b>USAF Hospital Williams AF Base, Chandler, Ariz.</b>	23C. DATE SIGNED <b>5 Jan 52</b>			
19 GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>1-7-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Ariz.</b>		
	25A. DATE REC'D BY LOCAL REG. <b>JAN 11 1952</b>	25B. REGISTRAR'S SIGNATURE <b>Alfred D. Bryant</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>M. L. Gibbons Mortuary Mesa, Ariz.</b>	27. EMBALMER'S SIGNATURE <b>Raymond E. Clark</b>	ADDRESS <b>Mesa, Ariz.</b>	CERT. NO. <b>275R.</b>