ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 4958

REGISTRAR'S NO. 1752

BIRTH NO.

E OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY IN THIS TOWN Life IN ARIZONA Life
C. CITY OR TOWN Phoenix, ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona B. COUNTY Maricopa
C. CITY OR TOWN Phoenix, ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 915 E. Turney

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Infant B. (MIDDLE) Robertson C. (LAST) Robertson
4. SEX Female
5. COLOR OR RACE W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single
6B. NAME OF SPOUSE None
7. DATE OF BIRTH MONTH Aug. DAY 14 YEAR 1953
8. AGE (IN YEARS LAST BIRTHDAY) 0 IF UNDER 1 YEAR MONTHS 0 DAYS 0 IF UNDER 24 HRS. HOURS 1 MIN. 48
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None
9B. KIND OF BUSINESS OR INDUSTRY None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Charles Robertson
14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas
15A. MOTHER'S MAIDEN NAME Mary Lee Castor
15B. BIRTHPLACE (STATE OR COUNTRY) California
16. INFORMANT'S SIGNATURE W. T. Robertson ADDRESS Phoenix, Arizona
17. DATE OF DEATH (MONTH) August (DAY) 14 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A)—(B), (C). 7613
‡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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Premature Separation of Placenta
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

ERATIONS, UTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO XTERNAL IOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL R CORONER'S TIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 14, 1953, TO Aug 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Aug 14, 1953 AND THAT DEATH OCCURRED AT 11:15 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Dean Leroy Moats MD
23B. ADDRESS Phoenix, Arizona
23C. DATE SIGNED Aug. 14, 1953

UNERAL IRECTOR AND EGISTRAR

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
24B. DATE Aug. 15, 1953
24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG. 8/14/53
25B. REGISTRAR'S SIGNATURE Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE A. L. Moore
27. EMBALMER'S SIGNATURE Robert W. Tracy
ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA
CERT. NO. 282

FORM VS 2 REV. 1-1-53