

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 142

756

PLACE OF DEATH 9 AND RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 16 yrs 16 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 158 4 254	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mrs. Berta B. (MIDDLE) Ella C. (LAST) Roberson				4. SEX female	5. COLOR OR RACE negro
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		7. DATE OF BIRTH MONTH July DAY 16 YEAR 1895		8. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 58 MONTHS 7 DAYS 11 HOURS ** MIN. **	
CAUSE OF DEATH ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wharton, Texas		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. unknown		14. FATHER'S NAME Johnnie Jefferson	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME Johnnie Jefferson		14B. BIRTHPLACE (STATE OR COUNTRY) Wharton, Texas		15A. MOTHER'S MAIDEN NAME Mell Thomas	
	15B. BIRTHPLACE (STATE OR COUNTRY) Wharton, Texas		16. INFORMANT'S SIGNATURE husband ADDRESS Globe, Arizona Charles Robert			
DEATH DUE TO EXTERNAL VIOLENCE	17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 26, 1954 at 7:00 p.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 185X *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.			
	19A. DATE OF OPERATION Sept-1953		19B. MAJOR FINDINGS OF OPERATION Carcinomatous - arising right ovary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL OR CORONER'S CERTIFICATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OF TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
FUNERAL DIRECTOR AND REGISTRAR 116	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June , 19 53 , TO Feb. 26 , 19 54 . THAT I LAST SAW THE DECEASED ALIVE ON Feb. 26 , 19 54 . AND THAT DEATH OCCURRED AT 7:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				23A. SIGNATURE (DEGREE OR TITLE) Walter M. O'Brien M.D.	
	23B. ADDRESS Globe Arizona		23C. DATE SIGNED 2-27-54		24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	
24B. DATE March 3, 1954		24C. NAME OF CEMETERY OR CREMATORY Galveston Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Galveston, Texas		
25A. DATE REC'D BY LOCAL REG. 3-1-54		25B. REGISTRAR'S SIGNATURE Drew Havelock		26. FUNERAL DIRECTOR'S SIGNATURE Jesse James Wachup ADDRESS Globe Arizona 27. EMBALMER'S SIGNATURE Jesse James Wachup #323 CERT. NO.		