

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. **187**

5019

PLACE OF DEATH AND USUAL RESIDENCE

DECEDENT PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 42 Yrs Effers		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Globe		D. FULL NAME OF HOSPITAL OR INSTITUTION 180 E. Bailey		E. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN Globe		F. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Merle B. (MIDDLE) C. (LAST) Robinson		4. SEX Fem.		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			
6B. NAME OF SPOUSE Carl Robinson		7. DATE OF BIRTH MONTH DAY YEAR Dec 30 1894		8. AGE (IN YEARS LAST BIRTHDAY) 59 Yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife			
9B. KIND OF BUSINESS OR INDUSTRY Own Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA		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. 527-10-2947	
14A. FATHER'S NAME John Hawes		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Viola Cluff		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown			
16. INFORMANT'S SIGNATURE <i>Carl Robinson</i>		ADDRESS <i>Globe, Arizona</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 1, 1954					
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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				(A) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
						DUE TO (B) Hypertension		Several years	
						DUE TO (C) ---		---	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 31, 1954 , TO Sept 1, 1954 , THAT I LAST SAW THE DECEASED ALIVE ON Sept 1, 1954 , AND THAT DEATH OCCURRED AT 3:45 a. m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE <i>Albert J. Harris M.D.</i>		22B. ADDRESS Globe, Arizona		22C. DATE SIGNED Sept 3, 1954					
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <input checked="" type="checkbox"/>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) ---		23C. (CITY OR TOWN) (COUNTY) (STATE) ---					
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY ---		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? ---					
24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Sept. 3, 1954		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.			
26A. DATE REC. BY LOCAL REG. 9-8-54		26B. REGISTRAR'S SIGNATURE <i>Jane Wauson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		27B. ADDRESS <i>...</i>			