

Dr. Wall

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4665

CERTIFICATE OF DEATH

REGISTRAR'S NO.

188

7 27  
DEATH  
ID 323  
RESIDENCE 5

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RAL 38  
TOR 38  
ID  
TRAR 1/2

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
A. COUNTY		A. COUNTY		A. STATE	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA		B. COUNTY	
D. FULL NAME OF HOSPITAL OR INSTITUTION		12 yr. 12 yr.		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN	
Southside District Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
				439 So. Macdonald St.	

3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX		5. COLOR OR RACE		
A. (FIRST) Robert			male		white		
B. (MIDDLE) Edward							
C. (LAST) Vance							
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH		8. AGE		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
		MONTH DAY YEAR		YEARS MONTHS DAYS		Farming--Cattle ranch	
6 27 96		55 1 15		IF UNDER 24 HOURS		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
				HOURS MIN.		No	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?		13. SOCIAL SECURITY NO.	
Ranch		Mexico		U. S. A.			
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
Robert L. Vance Sr.		Alabama		Mary Williams		ARK.	
16. INFORMANT'S SIGNATURE				17. DATE OF DEATH		18. CAUSE OF DEATH	
Anna Vance (wife)				August 12, 1951		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).	
ADDRESS				(MONTH) (DAY) (YEAR)		18. CAUSE OF DEATH	
Mesa, Ariz.				August 12, 1951		INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a)				10 days	
*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		arteriosclerosis glaucoma, nephritis - terminal arterial hypertension coronary atherosclerosis				?	
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS				?	
		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
2/11						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
			M			

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 27 51 TO Aug 12 19 51 THAT I LAST SAW THE DECEASED ALIVE ON Aug 11 19 51 AND THAT DEATH OCCURRED AT 2 P. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dr. W. H. Wall M.D.		Mesa, Ariz.		8-16-51	

24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
		8-16-51		Mesa Cemetery		Mesa, Ariz.	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
8-16-51		[Signature]		Meldrum Mortuary		Mesa, Ariz.	
				27. EMBALMER'S SIGNATURE		CERT. NO.	
				[Signature]		228A	

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