

CERTIFICATE OF DEATH

BIRTH NO. <u>14 04</u>		REGISTRAR'S NO. <u>4</u>	
1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> , C. CITY OR TOWN <u>Miami</u> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Esthor</u> B. (MIDDLE) <u>Grace</u> C. (LAST) <u>Miller</u>		4. SEX <u>Fem.</u> 5. COLOR OR RACE <u>White</u>	
6. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>HOUSEWIFE</u>	
7. DATE OF BIRTH DAY <u>Aug</u> MONTH <u>26</u> YEAR <u>1880</u>		9B. AGE (IN YEARS IF UNDER 1 YEAR; IF UNDER 24 HRS., HOURS MIN.) <u>72 Yrs.</u>	
8. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>		13. SOCIAL SECURITY NO. <u>None</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>U.S.</u>		15A. MOTHER'S MAIDEN NAME <u>Rebecca De Vore</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		17. DATE OF DEATH (MONTH) <u>October</u> (DAY) <u>12</u> , (YEAR) <u>1952</u>	
14A. FATHER'S NAME <u>Wesley Street</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>	
16. INFORMANT'S SIGNATURE <u>Esther Belmel Miami Ariz</u>		15C. BIRTHPLACE (COUNTRY) <u>Illinois</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. Probably Carcinoma of Esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
19A. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (STATE)	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21B. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21C. (CITY OR TOWN) (COUNTY) (STATE)	
22. I HEREBY CERTIFY THAT I ATTEMPTED THE DECEASED FROM <u>Oct 11 1952</u> TO <u>Oct 15 1952</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 11 1952</u> AND THAT DEATH OCCURRED AT <u>9:15 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED <u>10/16/52</u>	
23A. SIGNATURE <u>W.E. Proshop</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Alhabe Ave</u>	
24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> LOCAL REG. <input type="checkbox"/>		24B. DATE <u>Oct. 15, 1952</u>	
25A. DATE REC'D BY LOCAL REG. <u>10-18-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	
25B. REGISTRAR'S SIGNATURE <u>Jane Hauwiler</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Miami, Arizona</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. McFellan</u>		26. ADDRESS <u>Miami</u>	
26. ADDRESS <u>200A</u>		27. CERT. NO. <u>200A</u>	