

CERTIFICATE OF DEATH

BIRTH NO. _____ REGISTRAR'S NO. **3**

1. PLACE OF DEATH
A. COUNTY **GILA**
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Globe**
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) **week month**
D. FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION **Tonto Hotel, Broad St.**

2. USUAL RESIDENCE
A. STATE **Arizona**
B. COUNTY **Maricopa**
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Phoenix**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **Arizona Showman's Association**

3. NAME OF DECEASED
A. (FIRST) **William** B. (MIDDLE) **Henry** C. (LAST) **Mills**
D. TYPE OR PRINT

4. SEX **male**
5. COLOR OR RACE **white**

6. MARRIED NEVER MARRIED DIVORCED WIDOWED
7. DATE OF BIRTH MONTH **14** DAY **1907** YEAR **44** AGE **11** MONTHS **25** DAYS

8. FATHER'S NAME (unknown)
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **U. S. A.**
10. CITIZENSHIP **U. S. A.**
11. DATE OF DEATH (YES (US BIRTHPLACE) (IF ***** OR DATES OF SERVICE) (YES (US BIRTHPLACE) (IF ***** OR DATES OF SERVICE))

12. SOCIAL SECURITY NO. **525-05-8055**
13. BIRTHPLACE (COUNTRY) **(unknown)**
14. MOTHER'S MAIDEN NAME **(unknown)**
15. DATE OF DEATH (MONTH) **October** (DAY) **9** (YEAR) **1952** at **5 a.m.**

16. INFORMANT'S SIGNATURE **Driver's license & Social Security card**

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE (1), (2), (3), (4).
(1) **MI** X
THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTINUED.
19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____

19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (3) **Branchial Actinoma**
ANTECEDENT CAUSES **Due to (b) Virus Impaction of Lung**
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STAT. **DUE TO (c)**
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
20. AUTOPSY? YES NO

21. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____
21C. (CITY OR TOWN) _____ (STATE) _____

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) (M) (A) (P)
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Oct 8, 1952** TO **Oct 9, 1952** THAT I LAST SAW THE DECEASED ALIVE ON **Oct 8, 1952** AND THAT DEATH OCCURRED AT **5:45 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE **William H. Miller** (DEGREE OR TITLE) _____ 23B. ADDRESS **Globe, Ariz** 23C. DATE SIGNED **Oct 9, 1952**

24. BURIAL CREMATION REMOVAL
24B. DATE **Oct 16, 1952**
24C. NAME OF CEMETERY OR CREMATORY **Globe Cemetery**
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Globe, Arizona**

25A. DATE REC'D BY LOCAL REG. _____
25B. REGISTRAR'S SIGNATURE **Fred Trammell**
25C. REGISTRAR'S SIGNATURE **Jesse James Wadsworth**
25D. FUNERAL DIRECTOR'S SIGNATURE **John James Wadsworth**
25E. EMPALMER'S SIGNATURE _____
25F. ADDRESS **Globe, Arizona #323**

970 85910-15-50