ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6303

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

06 06 PLACE OF DEATH 72 AND 72 USUAL RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Morenci
C. LENGTH OF STAY IN THIS PLACE: 5 days IN ARIZONA: 36 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY:
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Morenci (Rural)
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 10 x Paradise Lane

DECEDENT PERSONAL DATA 1 3 173 4 X52

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Millard
B. (MIDDLE): Fillmore
C. (LAST): Preston

4. SEX: M
5. COLOR OR RACE: W
6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: Divorced
7. DATE OF BIRTH MONTH: Mar DAY: 28 YEAR: 1879
8. AGE YEARS: 73 MONTHS: 7 DAYS: 26
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Minn.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO. 526-12-9897
14. FULL NAME OF FATHER: Thomas Preston
14B. BIRTHPLACE (STATE OR COUNTRY): West Va.
15A. MOTHER'S MAIDEN NAME: Hannah Rose
15B. BIRTHPLACE (STATE OR COUNTRY): West Va.
16. INFORMANT'S SIGNATURE: x Mellon F Preston
ADDRESS: 932 W 81st Los Angeles Calif.
17. DATE OF DEATH (MONTH) November (DAY) 24 (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 8

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arthritis Hemodized — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2
19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE 1
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 1951 TO Nov 24 1952 THAT I LAST SAW THE DECEASED ALIVE ON Nov 24 1952 AND THAT DEATH OCCURRED AT 8 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): S. C. Jones M.D.
23B. ADDRESS: Morenci Ariz.
23C. DATE SIGNED: 11/24/52

FUNERAL DIRECTOR AND REGISTRAR 28 2 0105
24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 11-24-52
24C. NAME OF CEMETERY OR CREMATORY: Parina Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prima Ariz.
25A. DATE REC'D BY LOCAL REG.: Dec 10, 1952
25B. REGISTRAR'S SIGNATURE: Guy Strickland
25. FUNERAL DIRECTOR'S SIGNATURE: W H Caldwell
ADDRESS: Safford
26. EMBALMER'S SIGNATURE: W H Caldwell
CERT. NO.: 291

FORM VS 2 REV. 2011