996

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 50

County Registered No. 1101

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County: Cochise

District:

Town Or City: St David

No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Harvey Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: July (Month) 22 (Day) 1920 (Year)

AGE: ....yrs....mos....days

If less than 1 day: ....hrs., or....min.

OCCUPATION
(a) Trade, profession or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Loyd Lewis Miller

BIRTHPLACE OF FATHER (State or country): Arizona

MAIDEN NAME OF MOTHER: Della Judd

BIRTHPLACE OF MOTHER (State or country): Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Loyd L. Miller

(Address): St David Ariz

PLACE OF BURIAL OR REMOVAL: St. David Arizona

DATE OF BURIAL OR REMOVAL: July 22 1920

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1920 (Year)

I hereby certify, that I attended deceased from 7/22 1920 to 7/22 1920; that I last saw him alive on 7/22 1920, and that death occurred on the date stated above at ....M. The DISEASE or INJURY causing Death was as follows:

Prematurity

(Duration) ....yrs....mos....days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) ....yrs....mos....days

(Signed) Chas F. Hawley M.D.

Aug 6 1920 (Address) Bisbee

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death....yrs....mos....ds. In Arizona....yrs....mos....ds.

Former or Usual Residence

Filed 8-4-20 1920 Peter J. Lofgreen Local Registrar

Filed Aug. 6 1920 H. Reese County Registrar