

CERTIFICATE OF DEATH

REGISTRAR'S NO. 298

BIRTH NO.

AGE OF DEATH 27
AND 17
L. RESIDENCE X-

1. PLACE OF DEATH A. COUNTY GILA		B. LENGTH OF STAY IN THIS TOWN 5 DAYS IN ARIZONA 44 YRS. <input type="checkbox"/> IN CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY MARICOPA	
C. CITY OR TOWN PORTER SPRINGS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN GLENDALE <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) TOP NORTH FIRST STREET	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ROOSEVELT LAKE AREA					

PRECEDENT PERSONAL DATA 164

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LUTHER B. (MIDDLE) MOSE C. (LAST) MILLER			4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
6B. NAME OF SPOUSE MARGARET S. MILLER		7. DATE OF BIRTH MONTH 9 DAY 20 YEAR 1891	8. AGE (IN YEARS LAST BIRTHDAY) 64	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) FARMER
9B. KIND OF BUSINESS OR INDUSTRY GENERAL	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TEXAS	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. 527-14-9331		
14A. FATHER'S NAME JOHN MILLER		14B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN	15A. MOTHER'S MAIDEN NAME UNKNOWN		15B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN	
16. INFORMANT'S SIGNATURE Margaret S. Miller			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Mar, 28, 1956			

CAUSE OF DEATH ITEM 18) 0

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Occlusion DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C) Decedent		INTERVAL BETWEEN ONSET AND DEATH Sudden
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

OPERATIONS AUTOPSY 4

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 06A TO 06A , 19 56 , THAT I LAST SAW THE DECEASED ALIVE ON 3/28/56 , AND THAT DEATH OCCURRED AT 2:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE Dr. James G. Jones, M.D.	22B. ADDRESS Phoenix, Ariz.	22C. DATE SIGNED 3/28/56

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION 4

24A. CORONER'S SIGNATURE John Short	24B. ADDRESS Box 811 Globe, Ariz.	24C. DATE SIGNED 3-28-56
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FUNERAL DIRECTOR AND REGISTRAR 17 2

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 3/28/56	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) GLENDALE, ARIZONA
26A. DATE REC. BY LOCAL REG. 4-3-56	26B. REGISTRAR'S SIGNATURE Drews Wanner	27A. FUNERAL DIRECTOR'S SIGNATURE Charles R. Whitney	27B. ADDRESS GLENDALE, ARIZONA

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