

CERTIFICATE OF DEATH

REGISTRAR'S NO. 21

BIRTH NO.

4 04
PLACE OF DEATH
18 AND 98
RESIDENCE
X-

DECEDENT 3
PERSONAL DATA 73
9

7954
CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY 2

MEDICAL
CERTIFICATION 4

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION 5

FUNERAL
DIRECTOR
AND
REGISTRAR 2

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 25 40		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Christmas		D. FULL NAME OF HOSPITAL OR INSTITUTION Hope Metal Power House		C. CITY OR TOWN Christmas		D. STREET ADDRESS Old Hope Metal Power House	
3. NAME OF DECEASED (TYPE OR PRINT) Joe Harry Miles			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
6B. NAME OF SPOUSE Demetria Salas		7. DATE OF BIRTH MONTH DAY YEAR July 18 1883	8. AGE (IN YEARS) LAST BIRTHDAY 75	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF PART-TIME) Miner			
9B. KIND OF BUSINESS OR INDUSTRY Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greece	11. CITIZEN OF WHAT COUNTRY? Unknown	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. 627-03-2285		
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
16. INFORMANT'S SIGNATURE Mary Louise M. Parra - Prescott, Ariz.			17. DATE OF DEATH January 18 1958				
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. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) _____ ANTECEDENT CAUSES MORSID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY: YES <input type="checkbox"/> NO <input type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE			22B. ADDRESS			22C. DATE SIGNED	
23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE Natural		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home		23C. (CITY OR TOWN) (COUNTY) (STATE) Christmas Gila, Arizona			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Jan. 18, 1958 P.M.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? Natural-while in bed			
24A. CORONER'S SIGNATURE Rex Curtis			24B. ADDRESS Hayden, Arizona		24C. DATE SIGNED Jan. 20, 1958		
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 21, 1958		25C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winkelman, Arizona	
26A. DATE REC. BY LOCAL REG. 1-21-58		26B. REGISTRAR'S SIGNATURE Luz D. Kame		27A. FUNERAL DIRECTOR'S SIGNATURE Raymond S. Smith		27B. ADDRESS Hayden, Arizona	