ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3497

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 110

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 20 yrs. IN ARIZONA 20 yrs.
C. CITY OR TOWN: Yuma ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Yuma
C. CITY OR TOWN: Yuma ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt 3 Box 156
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) James B. (MIDDLE) A C. (LAST) Miller
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mrs. Fay Miller
7. DATE OF BIRTH: MONTH 1 DAY 7 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 76 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Building contractor
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
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): None
13. SOCIAL SECURITY NO.: None
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: Mrs. Fay Miller ADDRESS: General Del., Roll, Ariz.
17. DATE OF DEATH (MONTH) April (DAY) 25, (YEAR) 1959

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4/6/59
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart disease — 4/21/59
DUE TO (C)
II. OTHER SIGNIFICANT 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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/6, 19 59 TO 4/25, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 4/25, 19 59, AND THAT DEATH OCCURRED AT 6:57 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Matthew L. Evans (DEGREE OR TITLE) M.D.
22B. ADDRESS: 411 8th Street, Yuma
22C. DATE SIGNED: 4/27/59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-1-1959
25C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 5-1-1959
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray Montgomery
27B. ADDRESS: 551 16th Street
28A. EMBALMER'S SIGNATURE: Ray Dixon for
28B. EMBALMER'S CERT. NO.: 388

FORM VS-2 REV. 3-15-55 15M AMPCO 22509