ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5962

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 127

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 42 yrs.
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): County Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) W. C. (LAST) Miller

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 2 DAY: 10 YEAR: 92
8. AGE (IN YEARS LAST BIRTHDAY): 67
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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: 527-40-7298
14A. FATHER'S NAME: Gilbert L. Miller
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Callie Diculaney
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE — ADDRESS: County Hospital Records; Douglas, Ariz.
17. DATE OF DEATH — MONTH: 8 DAY: 26 YEAR: 59

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) MYOCARDIAL FAILURE
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROSIS
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: DIABETES MELLITUS

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM AUG 26, 1959 TO AUG 26, 1959 THAT I LAST SAW THE DECEASED ALIVE ON AUG 26, 1959 AND THAT DEATH OCCURRED AT 11:05 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E.W. Adamson — (DEGREE OR TITLE): M D
22B. ADDRESS: Douglas Arizona
22C. DATE SIGNED: Aug 28/59

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8-31-59
25C. NAME OF CEMETERY OR CREMATORY: Paradise
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Portal Arizona
26A. DATE REC. BY LOCAL REG.: Aug 28/59
26B. REGISTRAR'S SIGNATURE: Ewl Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: Gordon Brown
28B. EMBALMER'S CERT. NO.: 238

FORM VS-2 REV. 3-15-55 — 1 — ISM AMPCO 22509

2 02 OF DEATH AND 98 RESIDENCE 0200 — 1 1 CEDENT 2 RSONAL 767 DATA 4 859 — 1500 CAUSE OF 0 EATH 0 EM 18) — RATIONS, 4 UTOPSY 2 — EDICAL + IFICATION — 142 — 10 INERAL RECTOR AND 7 GISTRAR