ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1922

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 331

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 2½ Yo. IN ARIZONA 6 Yo
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 Mi. N. Diamond P Ranch

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Corey
B. (MIDDLE): Lucien
C. (LAST): Miles

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Emiley W.
7. DATE OF BIRTH: MONTH Aug DAY 7 YEAR 1891
8. AGE (IN YEARS LAST BIRTHDAY): 68
IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): Instructor
9B. KIND OF BUSINESS OR INDUSTRY: Aviation
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Vermont
11. CITIZEN OF WHAT COUNTRY? USA
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.: 044-28-2022
14A. FATHER'S NAME: John J. Miles
14B. BIRTHPLACE (STATE OR COUNTRY): Vermont
15A. MOTHER'S MAIDEN NAME: Viola H. Caswell
15B. BIRTHPLACE (STATE OR COUNTRY): Vermont
16. INFORMANT'S SIGNATURE: Harold F. Park — ADDRESS: Wickenburg Arizona
17. DATE OF DEATH: (MONTH) Feb. (DAY) 27 (YEAR) 1960

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Occlusion, — INTERVAL BETWEEN ONSET AND DEATH: few minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Emphysema — years
DUE TO (C) Myocardial Degeneration — years
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Nephritis. — few months

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-5-60, 19____, TO 2-27-60 19____, THAT I LAST SAW THE DECEASED ALIVE ON 2-27-60, 19____, AND THAT DEATH OCCURRED AT 1:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Floyd A. Brallier, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Wickenburg, Arizona
22C. DATE SIGNED: 2-29-60

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: 3-1-60
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 3-1-60
26B. REGISTRAR'S SIGNATURE: Mrs F.H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Arizona
28. EMBALMER'S SIGNATURE: H. L. Coffinger
28B. EMBALMER'S CERT. NO.: 78A

FORM VS-2 REV. 3-15-55