

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State _____ Registered No. 280
 District or Township _____ or Village _____
 City Miami No. Med. Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mrs Sedeneatt Merrill
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|----------------------------------|--|--|--|--|
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) | | 16. DATE OF DEATH <u>June 6</u> 19 <u>26</u> | |
| 5a. If married, widowed, or divorced HUSBAND of <u>Timothy Merrill</u> (or) WIFE of _____ | | | | 17. I HEREBY CERTIFY, That I attended deceased from <u>May 6</u> , 19 <u>26</u> to <u>June 6</u> , 19 <u>26</u> that I last saw her alive on <u>June 6</u> , 19 <u>26</u> and that death occurred, on the date stated above, at <u>3 A</u> m. The CAUSE OF DEATH* was as follows: <u>Encephalitis lethargica</u> (duration) _____ yrs. <u>1</u> mos. ds. | |
| 6. DATE OF BIRTH (month, day and year) <u>Mar 22</u> | | | | CONTRIBUTORY (Secondary) <u>2</u> (duration) _____ yrs. _____ mos. _____ ds. | |
| 7. AGE Years <u>50</u> Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min. | | | | 18. Where was disease contracted If not at place of death? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Physic exam</u> (Signed) <u>J. J. Miller</u> , M. D. <u>June 6</u> 19 <u>26</u> (Address) <u>Miami, Ariz</u> * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer). (c) Name of employer | | | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Final Cemetery</u> DATE OF BURIAL <u>6/7/26</u> | |
| 9. BIRTHPLACE (city or town) (State or country) <u>Utah</u> | | | | 20. UNDERTAKER <u>J. J. Miller</u> ADDRESS <u>Miami</u> | |
| 10. NAME OF FATHER <u>W. C. Castle</u> | | | | | |
| 11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Iowa</u> | | | | | |
| 12. MOTHER'S NAME <u>Louisa Doyle</u> | | | | | |
| 13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>California</u> | | | | | |
| 14. Informant <u>Timothy Merrill</u> (Address) <u>Miami, Ariz</u> | | | | | |
| 15. Filed <u>June 6, 1926</u> <u>E. C. Dray</u> Registrar. | | | | | |