BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

Carney

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Cochise State Arizona State File No. 22

District or Township Douglas. Registered No.

City or Village

No. 18 miles N.E. of Douglas St., or Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Nancy R. Miller

(a) Residence, No. Blenvins Ranch 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR or RACE White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Redmond Miller

6. DATE OF BIRTH (month, day and year)

7. AGE Years 70 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10. NAME OF FATHER Carlton

11. BIRTHPLACE OF FATHER Tennessee (State or country) ~~Arkansas~~ (city or town)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (State or country) Tennessee (city or town)

14. Informant James Redmond Miller (Address) Blevins Ranch

15. Filed 8-17, 1928 J. Causey Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF BIRTH 8-15 Month Day 1928 Year

17. I HEREBY CERTIFY, That I attended deceased from 8-15, 1928 to Aug. 15, 1928 that I last saw her alive on Aug. 15, 1928, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arsenic Mellitus

(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cerneal

(Signed) J. Causey M.D.

8/16 1928 (Address) Douglas

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Douglas Arizona

DATE OF BURIAL 8-17-28.

20. UNDERTAKER Porter + Ames

ADDRESS Douglas

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.

MARGIN RESERVED FOR BINDING