

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Graham State ARIZONA State File No. 100
 Township _____ or Village _____ Registered No. 120
 City Safford No. Squith Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 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.

2. FULL NAME William Henry Miller How long in State when death occurred? 54 yrs. _____ mos. _____ ds.
 (a) Residence: No. Miami Ariz St. _____ W. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Harriet Miller</u>				
6. DATE OF BIRTH (month, day, and year) <u>Jan 20, 1873</u>				
7. AGE	Years <u>59</u>	Months <u>11</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Blacksmith</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sec. R. F. C.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec 23, 1933</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (state or country) <u>Goshen, Utah</u>				
MOTHER	13. NAME <u>Simon S. Miller</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>			
	15. MAIDEN NAME <u>Mary Ann Hall</u>			
	16. BIRTHPLACE (city or town) (State or country) <u>Wales, England</u>			
17. INFORMANT <u>Thelma Selma Schurtz</u> (Address) <u>Pinal, Ariz</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pinal</u> Date <u>Dec 28, 1933</u>				
19. UNDERTAKER <u>W. C. Rawson</u> (Address) <u>Safford, Ariz</u>				
20. Filed <u>Jan 4, 1934</u> <u>J. M. Stratton</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-26, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1933, to 12-26, 1933
 I last saw him live on 12-26, 1933; death is said to have occurred on the date stated above, at 4:45 P. M.
 The principal cause of death, and related causes of importance were as follows:
Fractured skull from auto accident Date of Onset _____
 Other contributory causes of importance: none known
 Name of operation Suturing Wound Date 12-26-33
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Accident Nature of injury _____
 Where did injury occur? on highway _____
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place. on highway with 180
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. M. Stratton M. D.
 (Address) Safford

FORM 4-19-33 MS 4294 Form 1
 Back of Certificate to be used for any Additional Information