2360

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County YUMA State _____ Registered No. 10
Township COLO. RIVER AGENCY or Village _____ or
City _____ No. ON RESERVATION St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ////CI/ Cecil Miles
(a) Residence. No. Pete Nelse's Camp St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

85

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	4/4 Mohave Indian	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Nelse known

6 DATE OF BIRTH (month, day, and year) 1898 day not

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lab.
(b) General nature of industry, business, or establishment in which employed (or employer) Mechanical
(c) Name of employer Santa Fe at Needles

9 BIRTHPLACE (city or town) Ft. Mohave Res. Ariz.
(State or country)

PARENTS
10 NAME OF FATHER not known
11 BIRTHPLACE OF FATHER (city or town) -
(State or country) -
12 MAIDEN NAME OF MOTHER Mary Miles
13 BIRTHPLACE OF MOTHER (city or town) Ft. Mohave Res.
(State or country) Ariz.

14 Informant Colo. River Agency
(Address)

15 Filed Nov 4, 1934 Abbie E. Collins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934, to Oct. 31, 1934, that I last saw him alive on Oct 30, 1934, and that death occurred, on the date stated above, at 12.30 pm m.

The CAUSE OF DEATH* was as follows:

Died in an epileptic fit.
Was not injuredduring fit.

(duration) some yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Status epileptus
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Needles, Calif.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical signs
(Signed) Anna I. Neale, M. D.
, 19 (Address) Colo. River Agency

* 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	DATE OF BURIAL
Ft. Mohave Res. Ariz.	Nov 2 1934
20 UNDERTAKER	ADDRESS
Local Indians	

MARGIN RESERVED FOR BINDING

V. S. No. 98

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.

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