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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 STATE FILE NO. 116

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 8
TOWNSHIP _____ OR VILLAGE _____
CITY Miami NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 70 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Carl Harlsey O'neil HOW LONG IN STATE WHEN DEATH OCCURRED 20 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO #30 Warrior Canyon ST. _____ WARD _____
(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>Mrs. Mercedes O'neil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>6</u>
	DAYS <u>18</u>	IF LESS THAN 1 DAY, HRS. OR MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	<u>Track Foreman</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	<u>Old Dominion Mine</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1/30</u>	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Port Lavaca Texas</u>		
13. NAME <u>Tom O'neil</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Port Lavaca Texas</u>		
15. MAIDEN NAME <u>Pora Rosecrans</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Port Lavaca Texas</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Mabel M. Phillips Miami Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>Jan. 31, 1935</u>		
19. EMBALMER	LICENSE NO. <u>289-A</u>	SIGNATURE <u>Dalton H. Leale</u>
FUNERAL DIRECTOR	<u>Miles Mortuary Miami, Arizona</u>	
20. FILED <u>Feb. 6, 1935</u> <u>C. M. Cron</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 30, 1935 TO Jan 31, 1935
I LAST SAW HIM ALIVE ON Jan 25, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Coronary Atherosclerosis
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: 1930
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NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? Yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____
(SIGNED) [Signature] M. D.
(ADDRESS) [Address]