

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** *Dr. Watts* STATE FILE NO. **88**  
BUREAU OF VITAL STATISTICS REGISTERED NO. **28**

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Miami NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, NUMBER 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 Georgia Seamona Phillips HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 4128 Smelter St. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 14, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5-13-35</u> , 19 <u>35</u> , TO <u>5-14</u> , 19 <u>35</u>		DATE OF ONSET
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1935</u>			I LAST SAW HIM ALIVE ON <u>5-14</u> , 19 <u>35</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:00 A.M.</u>		
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
			IF LESS THAN 1 DAY, 2 HRS. OR _____ MIN.	<u>Premature Birth</u> <u>6 months fetus</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		<u>Born at 11:40 PM 5-13-35</u> <u>Died at 4:00 AM 5-14-35</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miami, Ariz.</u>					
13. NAME <u>Allen Geo. Phillips</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Bisbee Arizona</u>					
15. MAIDEN NAME <u>Reneva Williams</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Uncan Arizona</u>					
17. INFORMANT (ADDRESS) <u>A. G. Phillips</u> <u>Miami, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>May 14, 1935</u>					
19. EMBALMER (LICENSE NO. <u>209-A</u> ) SIGNATURE <u>Dalton H. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Arizona</u>					
20. FILED <u>June 5, 1935</u> <u>C. M. Olron</u> REGISTRAR					
				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) <u>Dr. Watts</u> M. D. (ADDRESS) <u>Miami, Arizona</u>					