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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. **49**

1. PLACE OF DEATH Gila COUNTY Gila STATE ARIZONA REGISTERED NO. 94
TOWNSHIP Gilots OR VILLAGE _____ CITY _____ NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Francis J. Miller HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 391 N. Hill ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 12, 1935</u>	
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Nov. 12, 1935</u> TO <u>Nov. 12, 1935</u> I LAST SAW HER <u>Stillborn</u> ON <u>Nov 12, 1935</u> <u>Stillborn</u> IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:15 P. M.</u>	
7. AGE YEARS <u>7/12</u> MONTHS _____ DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Stillborn (miscarried) 7th mo. of pregnancy</u>
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Gilots Ariz</u>		13. NAME <u>Byron Miller</u>		NAME OF OPERATION <u>None</u> DATE OF _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>		15. MAIDEN NAME <u>Marion A. Hill</u>		WHAT TEST <u>Examination</u> WAS THERE AN AUTOPSY? <u>No</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Kelly New Mex</u>		17. INFORMANT (ADDRESS) <u>Clair Cook</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gilots</u> DATE <u>Nov 13, 1935</u>		19. EMBALMER LICENSE NO. _____ FUNERAL DIRECTOR <u>Melex Matney 564</u> ADDRESS _____		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
20. FILED <u>Nov 25, 1935</u> <u>Geoffrey Thom</u> REGISTRAR				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? <u>No</u>	
				IF SO, SPECIFY (SIGNED) <u>J. C. Harper</u> M. D. ADDRESS <u>Gilots, Ariz.</u>	