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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. 74

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 100
 TOWNSHIP Globe OR VILLAGE _____ OR _____
 CITY Globe 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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Theodore Miller HOW LONG IN STATE WHEN DEATH OCCURRED 30 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 350 W. Bailey ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 4, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Miller</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov. 15, 1935</u> TO <u>Dec. 4, 1935</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				I LAST SAW HIM ALIVE ON <u>Dec. 4, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:30 p. m.</u>		
7. AGE YEARS MONTHS DAYS <u>58</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET <u>Carcinoma of Stomach</u> <u>Jan, 1935</u>		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Mechanic</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
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>Ill</u>						
13. NAME <u>Unknown</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)						
15. MAIDEN NAME <u>"</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)						
17. INFORMANT <u>Mrs Nellie Miller</u> (ADDRESS) <u>Globe</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe</u> DATE <u>Dec 6 1935</u>						
19. EMBALMER SIGNATURE <u>Dalton Hale</u> LICENSE NO. <u>209</u> FUNERAL DIRECTOR <u>Miles Morley</u> ADDRESS <u>Globe</u>						
20. FILED <u>Dec 16, 1935</u> REGISTRAR <u>Jeffrey Thom</u>						
NAME OF OPERATION <u>none</u> DATE OF _____					WHAT TEST <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY _____						
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? <u>no</u>						
IF SO, SPECIFY (SIGNED) <u>T. C. Harper</u> M. D. (ADDRESS) <u>Globe, Arizona</u>						