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STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No.....

1. PLACE OF DEATH

County Pima State..... Registered No.....

Township ..... or Village ..... or

City Ajo, Ariz. No..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara F. Wurtz Miller

(a) Residence: No. Ajo, Ariz. St., ... Ward. (If nonresident give city or town and State)

(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Miller

6. DATE OF BIRTH (month, day, and year) Nov 14, 1883

7. AGE Years 52 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) West Chicago Ill (State or country)

FATHER

13. NAME B. F. Wurtz

14. BIRTHPLACE (city or town) Chicago, Ill (State or country)

MOTHER

15. MAIDEN NAME Cary Brandenberg

16. BIRTHPLACE (city or town) Do not know (State or country)

17. INFORMANT John H Miller (Address) Ajo, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Ajo, Ariz. Date 3/4, 1936

19. UNDERTAKER H. T. Lyons (Address) Ajo, Ariz.

20. Filed April 10, 1936 Katherine Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1936, to Mar. 2, 1936

I last saw her alive on when I arrived 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:

	Date of Onset
Suicide by the taking of arsenic internally	3/2/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/2, 1936

Where did injury occur? Ajo, Ariz. Pima Co. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Suicide

Nature of injury Arsenic Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) H. D. Atwood, M. D.

(Address) Ajo, Ariz.

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. See instructions on back of certificate.