

2077

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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

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name and 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 Barton F. Miller How long in State when death occurred? ... yrs. ... mos. ... ds.
 (a) Residence: No. 417 Live Oak 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 21, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>6:55P</u> m. The principal cause of death and related causes of importance were as follows: <u>Gunshot Wound Of Head</u> Other contributory causes of importance: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>May 9, 1912</u>		Date of Onset _____	
7. AGE Years <u>25</u> Months <u>6</u> Days <u>9</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</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 Country) <u>Ely White Pine Nevada</u>		13. NAME <u>Charles Sterling Miller</u>			
14. BIRTHPLACE (city or town) (State or Country) <u>St. George Utah</u>		15. MAIDEN NAME <u>Dorothy Ada Sperry</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>Batavia Illinois</u>		17. INFORMANT <u>Charles Roland Miller</u> (Address) <u>Ray Washington</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Suicide</u> Date of injury <u>Nov 21, 37</u> Where did injury occur? <u>Miami, Arizona</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Hotel</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Tacoma, Wash.</u> Date <u>Nov 30, 1937</u>		19. EMBALMER { License No. <u>200A</u> Signature <u>W. H. Mc Lellan</u>		Manner of injury _____ Nature of injury _____	
FUNERAL DIRECTOR <u>Miles Mortuary</u> Address <u>Miami, Arizona</u>		20. Filed <u>Nov 29</u> <u>W. H. Mc Lellan</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>J. E. Pugh</u> M. D. (Address) <u>Justice of the Peace</u> <u>William, Arizona</u>	