

2666

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 STATE FILE NO. 70
 COUNTY Gila STATE ARIZONA REGISTERED NO. 109
 TOWNSHIP Globe OR VILLAGE Globe ST. Globe WARD Globe
 CITY Globe (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) Globe County Hospital

2. FULL NAME William Buck Miller LENGTH OF RESIDENCE (IF DEATH OCCURRED IN CITY OR TOWN) 10 YRS. 10 MOS. 10 DS.
 (A) RESIDENCE: NO. Globe Ariz (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) Globe County Hospital
 (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>Dec 10, 1937</u>	22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Dec 10, 1937</u> TO <u>Dec 10, 1937</u> I LAST SAW HIM ALIVE ON <u>Dec 10, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7:15 P.M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1883</u>				7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, — HRS. OR — MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Cattleman</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>Castroville Texas</u>					
13. NAME <u>William Miller</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Beville Co Texas</u>					
15. MAIDEN NAME <u>unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)					
17. INFORMANT (ADDRESS) <u>Buck Miller Globe Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery 12/12, 1937</u>					
19. EMBALMER FUNERAL DIRECTOR (ADDRESS) <u>Wm. Lellan Spiles Mortuary Globe Ariz</u>					
20. FILED <u>Dec 15, 1937</u> <u>Frank Wainman</u> REGISTRAR					
				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	
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY	
				NAME OF OPERATION DATE OF WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? <u>No</u>	
				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE <u>Arterio-Sclerosis 10 yrs</u> <u>Chronic Myocarditis 5 yrs</u>	
				MANNER OF INJURY NATURE OF INJURY	
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY <u>Arterio-Sclerosis</u>	