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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County: Yuma State: ARIZONA Registered No. 069  
Township: Miami Ariz or Village \_\_\_\_\_  
City: \_\_\_\_\_ 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 25 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 82 yrs. 0 mos. 0 ds.  
2. FULL NAME Samoth Merrill How long in State when death occurred 20 yrs. 0 mos. 0 ds.  
(a) Residence: No. #15 Marion Cay St. \_\_\_\_\_ Ward \_\_\_\_\_ 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>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Feb 1, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>January 31, 1938</u> , 19____ I last saw him alive on <u>Jan 31, 1938</u> ; death is said to have occurred on the date stated above, at <u>7 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Amiplegia (Thoplexy)</u> <u>Arterio-sclerotic</u> Other contributory causes of importance _____		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>May 17, 1868</u>	7. AGE Years <u>69</u> Months <u>8</u> Days <u>15</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamster</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>Cedar Springs Idaho</u>		13. NAME <u>Pete Merrill</u>		Name of operation _____ Date of _____		What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>		15. MAIDEN NAME <u>Lucinda Brown</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ 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 _____	
16. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>		17. INFORMANT (Address) <u>Robert Merrill Miami Ariz</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____		(Signed) <u>Arson S. Bryerton</u> D. Address <u>Miami Ariz</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral</u> Date <u>2/2, 1938</u>		19. EMBALMER (Address) License No. <u>2223</u> Signature <u>W. B. McEllan</u> FUNERAL DIRECTOR <u>W. B. McEllan</u> Address <u>Miami Ariz</u>		20. FILER <u>2</u> 19 <u>38</u> <u>A. S. Bryerton</u> Registrar			