

9812

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. 063

1. PLACE OF DEATH
 County Maricopa State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 2. FULL NAME Baby M. Nair How long in State when death occurred? yrs. mos. ds.
 (a) Residence: No. 12 Daisy Canyon St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) _____
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years _____ Months _____ Days X If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Miami (State or Country) Ariz.
 MOTHER
 13. NAME Henry Mc Nair
 14. BIRTHPLACE (city or town) Uvalde (State or Country) Texas
 15. MAIDEN NAME Cather Juliet
 16. BIRTHPLACE (city or town) Wadsworth (State or Country) New Mexico
 17. INFORMANT Henry M. Nair (Address) Miami Ariz.
 18. BURIAL, CREMATION, OR REMOVAL
 Place Local Cem. Date 4/7, 1938
 19. EMBALMER License No. 1428 Signature [Signature]
 FUNERAL DIRECTOR Miles Mortuary Address Miami, Arizona
 20. F. APP 8 9035 19. Stella O. Bryant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 7, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Apr 7 - 1938 to April 1938
 I last saw him live on Apr 7, 1938 death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Stillborn infant Date of Onset Apr 7 '38
 Other contributory causes of importance:
caused by a premature detachment of placenta in mother's uterus
 Name of operation None 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? None 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 None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Loyd M. Long M. D.
 (Address) Miami, Arizona