

2397

MARGIN RESERVED FOR PRINTING
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. 76
Registered No.

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ City Miami or Village _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
2. FULL NAME Baby Alice How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. Permetta St. How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(Usual place of abode) Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) May 18, 1938
7. AGE Years _____ Months _____ Days 0 If LESS than 1 day, _____ hrs. or _____ min.

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) (State or Country) Miami Ariz

13. NAME Herman Rice

14. BIRTHPLACE (city or town) (State or Country) Visalia California

15. MAIDEN NAME Effie Mae Haley

16. BIRTHPLACE (city or town) (State or Country) Arkansas

17. INFORMANT (Address) Herman Rice

18. BURIAL, CREMATION, OR REMOVAL Place Local Cemetery Date 5-19-38

19. EMBALMER License No. 200A Signature W. H. M. Sallan

FUNERAL DIRECTOR Miles Mortuary Address Miami Ariz

20. Filed _____, 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 19____
22. I HEREBY CERTIFY, That I attended deceased from _____ on May 18, 1938, 19____
I last saw h. _____ alive on _____, 19____ death is said to have occurred on the date stated above, at 7:50 P. m.
The principal cause of death and related causes of importance were as follows:

Prematurity

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? _____ 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 _____

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

If so, specify _____ (Signed) Aranson D Brantton, M. D. (Address) Miami Arizona