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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

State File No. _____

Registered No. _____

1. PLACE OF DEATH

County Gila State ARIZONA or Village _____ or

Township _____ No. 1 Dairy Cañon St., _____ Ward

City Miami (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 15 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

How long in State when death occurred? 57 yrs. ___ mos. ___ ds.

2. FULL NAME George Miller

(a) Residence: No. 1 Dairy Cañon St., _____ Ward. (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Ethel Miller

6. DATE OF BIRTH (month, day, and year) Mar. 15, 1877

7. AGE Years 61 Months 10 Days 19 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Payson Utah

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or Country) Unknown Alabama

MOTHER

15. MAIDEN NAME Mary Ann Dahl

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

17. INFORMANT (Address) Mrs. Ethel Miller Miami Ariz.

18. BURIAL, CREMATION, OR REMOVAL

Place Pima Date 2/7/ 1939

19. EMBALMER License No. 200 A Signature W. H. McLellan

FUNERAL DIRECTOR Milio Mortuary

Address Miami, Ariz.

20. Filed Feb 4 1939 Nelson D. Brayton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Feb 3, 1939. I last saw him alive on Feb 3, 1939; death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of Onset Jan 30 1939

Other contributory causes of importance: Arteriosclerosis with hypertension

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No 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?

If so, specify _____

(Signed) Cyril M. Cron M. D.

(Address) Miami Arizona

Back of Certificate to be used for any Additional Information

5M—7/6/38— Form 3 100% Rag