

2782

58

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. _____

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami (If death occurred in a hospital or institution, give its NAME instead of street and number) No. Inspiration Hosp St. _____ Ward _____
 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.
 How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Barbara Jean Merrill St. _____ Ward _____ (if non-resident give city or town and state)
 (a) Residence: No. 46 Hill St (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) _____
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) May 7 1939
 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. _____
 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
 13. NAME Debra Merrill
 14. BIRTHPLACE (city or town) Barbar (State or Country) _____
 15. MAIDEN NAME Alvera McNeil
 16. BIRTHPLACE (city or town) State (State or Country) _____
 17. INFORMANT (Address) Robert Merrill
 18. BURIAL, CREMATION, OR REMOVAL Place Penal Cancer Date 5-8 1939
 19. EMBALMER License No. _____ Signature W. J. McEllan
 FUNERAL DIRECTOR Miles Matthews
 Address Miami City, Ariz
 20. Filed May 10 1939 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1939
 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw _____ alive on _____ 19____; death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Sillborn infant Date of Onset 5-7-39
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) W. J. McEllan M. D.
 (Address) Miami, Arizona
 Back of Certificate to be used for any Additional Information

MARGIN RESERVED FOR BINDING

EVERY ITEM OF PERMANENT RECORD. EVERY ITEM OF PERMANENT RECORD. EVERY ITEM OF PERMANENT RECORD. EVERY ITEM OF PERMANENT RECORD. EVERY ITEM OF PERMANENT RECORD.

THIS IS A PERMANENT RECORD. THIS IS A PERMANENT RECORD. THIS IS A PERMANENT RECORD. THIS IS A PERMANENT RECORD. THIS IS A PERMANENT RECORD.

PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. PHYSICIANS SHOULD BE CAREFULLY SUPPLIED.

AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED.

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATEMENT OF OCCUPATION IS VERY IMPORTANT.