4166

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. 105a

1. PLACE OF DEATH

County: Greenlee State: ARIZONA Registered No.:

Township: or Village: or

City: Duncan 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: 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: James Millard Gilliland How long in State when death occurred? yrs. mos. ds.

(a) Residence: Duncan - Arizona

(Usual place of abode) (If nonresident 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): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Vic Gooch

6. DATE OF BIRTH (month, day, and year): May 6, 1856

7. AGE: Years 83 Months 3 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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: always

12. BIRTHPLACE (city or town) (State or Country): Hopkinsville Kentucky

FATHER

13. NAME: Ellis Gilliland

14. BIRTHPLACE (city or town) (State or Country):

MOTHER

15. MAIDEN NAME:

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

17. INFORMANT (Address): Son

18. BURIAL, CREMATION, OR REMOVAL

Place: Franklin cemetery Date: Aug 23 1939

19. EMBALMER License No.: None Signature:

FUNERAL DIRECTOR:

Address:

20. Filed: Nov. 20, 1939 Eugene Romney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Aug 22, 1939, I last saw him alive on Aug 20, 1939; death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows: Left Cerebral Hemmorhage — Date of Onset

Other contributory causes of importance: High Blood pressure, Arteriosclerosis

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? 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) Karl L. Lile, M. D.

(Address) Duncan, Arizona

5M 12-16-38 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information