

688

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **68**

Registrar's No. **61**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **370 Euclid St.**
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community **34 YRS.**; In Arizona **34 YRS.**
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Arizona**; (b) County **Gila**; (c) City or Town **Globe**
(If outside city limits write RURAL)

(d) Street No. **370 Euclid St.**

3. (a) FULL NAME **Mijo Milardovich** (b) If veteran _____ (c) Social Security No. **None**
(If NONE write the word)

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, married, widowed or divorced **Married**

6. (b) Name of husband or wife **Anna Milardovich** 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **Dec. 15, 1882**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **1** If less than one day
hrs. _____ min. _____

9. Birthplace **Dalmatia Austria**
(City, town or county) (State or Country)

10. Usual Occupation **Miner Retired 26 Mo.**

11. Industry or Business _____

Father { 12. Name **Josip Milardovich**
13. Birthplace **Austria**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **Maliho Gubelic**
15. Birthplace **Dalmatia Austria**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Joe Milardovich**
(b) Address **Globe Ariz.**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Pinal Cemo** (c) Date **June 23, 1940**

18. (a) Embalmer's Signature **Fred K Jones**
(b) Funeral Director **Fred K Jones**
(c) Address **Globe Ariz.**

19. (a) **June 28, 1940**
(Date received local Registrar)
(b) **Julius Wamsee**
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **June 16, 1940**;
TIME (Hour and minute) **12 A M.**

21. I hereby certify that I attended the deceased from **June 10, 1940** to **June 16, 1940**;
that I last saw him alive on **June 16, 1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death **pneumococcosis**

Due to **probably work in mines**

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____

Of autopsy **no**

DURATION

about 1925

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. C. Harper** M.D.
Address **Globe, Ariz.** Date signed **6-28-40**