

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 70
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Hosp. Hosp.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 week; In Community unknown; In Arizona 24 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits write RURAL)
(d) Street No. 212 Jefferson Lower Miami; (e) If foreign born, in U. S. A. _____
3. (a) FULL NAME Harvey Lealey Richardson (b) If veteran _____ (c) Social Security No. 526-07-0451
(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 Effie Richardson 6. (c) Age of husband or wife, if alive 56 yrs.
7. Birthdate of deceased Oct. 30 1881
(Month) (Day) (Year)
8. AGE: Years 58 Months 7 Days 19 If less than one day hrs. _____ min. _____
9. Birthplace Pickton Texas
(City, town or county) (State or Country)

10. Usual Occupation Truck Foreman
11. Industry or Business _____
Father
12. Name Sam Richardson
13. Birthplace Missouri
(City, town or county) (State or Country)
Mother
14. Maiden Name Elizabeth King
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Harvey L. Richardson
(b) Address Huntington Park, Calif.
17. (a) Burial, Cremation or Removal Wesley
(b) Place Wesley (c) Date June 22 1940
18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____
19. (a) June 22 1940
(Date received local Registrar)
(b) Nelson W. Brayton
(Registrar's Signature) P.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 19 1940
TIME (Hour and minute) 9:00 P.M. M.
21. I hereby certify that I attended the deceased from June 15 1940 to June 19 1940
that I last saw him alive on June 19 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Cervic - respiratory failure
Due to Septicemia
Due to Septicemia Rt. cervical lymphadenitis
Other conditions Adeno-carcinoma of buccal cavity
(Include pregnancy within 3 months of death)
Major findings: injection and drainage lymphadenitis
Of autopsy no

DURATION
48 hrs.
4 days
approx 2 hrs
3 hrs.
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 W. D. Hume Sr. M.D.
Address Miami, Ariz. Date signed June 21, 1940