

1244

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

66

1. Place of Death: (a) County Wilcox (b) City or Town Miami (c) Location 1004 Live Oak Street
 (If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution No. (Specify whether years, months or days) ; In Community 15 yrs. ; In Arizona 23 yrs.

2. Usual Residence of Deceased: (a) State Florida (b) County Volusia ; (c) City or Town Miami
 (If outside city limits write RURAL)

(d) Street No. 1004 Live Oak ; (e) City or Town Miami
 (If outside city limits write RURAL)

3. (a) FULL NAME George W. Price (b) If veteran name war Yes (c) If foreign born, in U. S. A. None yrs. (d) Social Security No. None (If NONE write the word)

4. Sex Male 5. Color or Race Colored 6. (a) Single, married, widowed or divorced Married
 6. (b) Name of husband Katie Price 6. (c) Age of husband or wife, if alive 57 yrs.

7. Birthdate of deceased July 25 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 19 hrs. min.
 If less than one day

9. Birthplace Glenville Alabama
 (City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business

12. Name Planning Price

13. Birthplace Unknown
 (City, town or county) (State or Country)

14. Maiden Name Martha Ivory

15. Birthplace Unknown
 (City, town or county) (State or Country)

16. (a) Informant's own signature Katie Price
 (b) Address 1004 Live Oak St.

17. (a) Burial, Cremation or Removal Buried
 (b) Place Globe Cem. (c) Date Jan 16 1941

18. (a) Embalmer's Signature J. H. Hester
 (b) Funeral Director J. H. Hester
 (c) Address Miami, Arizona

19. (a) January 14 1941
 (Date received local Registrar)
Wesley D. Grayton
 (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 11, 1941
 TIME (Hour and minute) 9:20 P.M.

21. I hereby certify that I attended the deceased from Jan 10
 1941 to Jan 11 1941 ;
 that I last saw him alive on Jan 11 1941 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Cardiac asthma
Pulmonary
Tuberculosis

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

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? _____ (Specify type of place)
 Means of injury _____

23. Signature Lee Gray M.D.
 Address Miami Hosp. Miami, Fla. Date signed Jan 15 1941

DURATION
1 yr
2 1/2 mo

PHYSICIAN
 Underline the cause to which death should be charged statistically.