

1792

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

92

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 4950

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. S. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 27 yrs; In Arizona 27 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. # 5 Hill St.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Milton Seriev Ray (b) If veteran name war _____ (c) Social Security No. 526-07-1933
(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 E. Ray 6. (c) Age of husband or wife, if alive 48 yrs.
7. Birthdate of deceased Oct. 20 1891
(Month) (Day) (Year)
8. AGE: Years 49 Months 9 Days 7 If less than one day hrs. _____ min. _____

9. Birthplace Wilmington New Mex.
(City, town or county) (State or Country)
10. Usual Occupation Construction Foreman
11. Industry or Business Miami Cop. Co.
12. Name Milton S. Ray
13. Birthplace Unknown
(City, town or county) (State or Country)
14. Maiden Name Mollie Jones
15. Birthplace Unknown Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred A. Ray
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal At Home
(b) Place Home (c) Date July 29 1941

18. (a) Embalmer's Signature Jeffrey W. ...
(b) Funeral Director St. Mary's ...
(c) Address Miami Ariz.

19. (a) July 28-41
(b) J. Welton A. Brayton
(Registrar's Signature)

20M 100% (Reg 9/23/40)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 27 1941
TIME (Hour and minute) 6:45 A.M.
21. I hereby certify that I attended the deceased from July 26 1941 to July 27 1941
that I last saw him alive on July 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Respiratory paralysis
Due to Renal calculus with Renal colic
Due to _____

DURATION 12 hours

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

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) no
(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 Raymond M. Jones M.D.
Address Miami Arizona Date signed July 27-41