2743

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43
Registrar's No. 135

1. Place of Death: (a) County Cochise (b) City or Town Rural Douglas (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 34 years; In Arizona 34 years (Specify whether years, months or days)

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

(d) Street No. 851- 5th Street; (e) If foreign born, in U. S. A. ____ yrs.

3. (a) FULL NAME James Redmond Miller (b) If veteran name war ------ (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: Widower
6. (b) Name of husband or wife: Nancy Miller
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased: February 2nd 1854 (Month) (Day) (Year)
8. AGE: Years 87 Months 7 Days 6 If less than one day hrs. ____ min. ____
9. Birthplace: Franklin Co. (City, town or county) Arkansas (State or Country)
10. Usual Occupation: Retired
11. Industry or Business:

Father
12. Name: John Miller
13. Birthplace: Tenn. (City, town or county) (State or Country)

Mother
14. Maiden Name: Nancy Byrd
15. Birthplace: Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature: Chesley Miller
(b) Address: 1100 20th St Douglas Ariz

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas Ariz (c) Date: 9-10- 1941

18. (a) Embalmer's Signature: Gordon Brown 238-A
(b) Funeral Director: Porter & Ames
(c) Address: Douglas Arizona

19. (a) Sept. 8 - 1941 (Date received local Registrar)
(b) Cecil Adamson (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-8-41, 19____;
TIME (Hour and minute) 8.38A.M. M.

21. I hereby certify that I attended the deceased from Sept 5, 19 41 to Sept 8, 19 41; that I last saw him alive on Sept 7, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic — DURATION: 6 yrs.
Due to: Arteriosclerosis
Due to: Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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: Cecil Adamson M. D.
Address: Douglas Ariz Date signed: 9/8/41