

650

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

125

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 90

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1019 Adonis Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 28 yrs; In Arizona 36 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. 1019 Adonis Avenue; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Robert James Rice (b) If veteran name war no (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 Widowed

6. (b) Name of husband or wife Celia Rice 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 17 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 12 If less than one day
hrs. _____ min. _____

9. Birthplace St Joe Mo.
(City, town or county) (State or Country)

10. Usual Occupation Mining

11. Industry or Business as above

Father { 12. Name Andrew J. Rice
13. Birthplace Barrett Co. N.Y.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Josephine Myers
15. Birthplace Barrett Co. N.Y.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Rice
(b) Address Pasadena Calif.

17. (a) Burial, Cremation or Removal Cremation
(b) Place Phoenix (c) Date Dec 31 1941

18. (a) Embalmer's Signature J. Ney Miller Jr.
(b) Funeral Director Miller Mortuary
(c) Address Miami Ariz.

19. (a) Dec 30 1941
(Date received local Registrar)
Neuman A. Boynton
(Registrar's Signature)

20M 100% Reg 8/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 29, 1941;
TIME (Hour and minute) 1:00 A.M.

21. I hereby certify that I attended the deceased from Dec 28
1941, 1941 to Dec 29, 1941;
that I last saw him alive on Dec 28 - 8 P.M., 1941;

and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis, chronic
Pneumonia terminal

Due to Myocarditis, chronic

Due to _____

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

Of autopsy None

DURATION

3 days
5 yrs.

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 Russell B. Hale M. D.
Address Presbyterian Hosp Date signed 12/30/41