STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 71
Registrar's No. 3

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

(d) Length of Stay: In Hospital or Institution —; In Community 2½ mo (Specify whether years, months or days); In Arizona Aug 31-41.

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. Chief Hotel

3. (a) FULL NAME Julian Bryan Price (b) If veteran ... name war ... ; (c) If foreign born, in U. S. A. ... yrs.

(c) Social Security No. 452-07-8299 (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: Alyene Price

6. (c) Age of husband or wife, if alive 36 yrs.

7. Birthdate of deceased July (Month) 1 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
37	6	6	hrs. ... min. ...

9. Birthplace Sulphur Springs (City, town or county) Texas (State or Country)

10. Usual Occupation Salesman

11. Industry or Business Jim Jenkins Co. Dept of Interior Mint

Father
12. Name E. R. Price
13. Birthplace Sulphur Springs, Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Maude Hyman
15. Birthplace Sulphur Springs Texas (City, town or county) (State or Country)

16. (a) Informant's own signature O. T. Riggs

(b) Address Miami, Ariz.

17. (a) Burial, Cremation or Removal Removal

(b) Place Sulphur Spgs Tex (c) Date Jan 8 19 42

18. (a) Embalmer's Signature J. Ney Miles Jr.

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz.

19. (a) ... Jan 7, 1942 (Date received local Registrar)

(b) Hermon D Grayton (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 6, 1942;
TIME (Hour and minute) 11:00 A. M.

21. I hereby certify that I attended the deceased from ..., 19... to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ...

Due to Suicide

Due to Lysol Poisoning

Other conditions (Include pregnancy within 3 months of death) ...

Major findings:
Of operations ...

Of autopsy ...

DURATION

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) Suicide
(b) Date of occurrence 1-6-1942
(c) Where did injury occur? Chief Hotel Miami (City or Town) Gila Co. (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Miami, Arizona Gila Co (Specify type of place)
While at work? ... (e) Means of injury Poisoning

23. Signature James E Owen Coroner M. D.
Address 28 Keystone Ave Signed Jan 7, 1942