

9245

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 85

Registrar's No. 13

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 30 days; In Community 42 Yrs.; In Arizona 42 Yrs.  
(Specify whether years, months or days)

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

3. (a) FULL NAME Fred Sands Miller (b) If veteran name war 466 (c) If foreign born, in U.S.A. \_\_\_\_\_ yrs. (d) Social Security No. 526-07-8518 (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Nov. 26 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 4  
If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Huntingdon Penna.  
(City, town or county) (State or Country)

10. Usual Occupation Miner  
11. Industry or Business Phillips Abestos Co.

12. Name No Record  
13. Birthplace (City, town or county) (State or Country)

14. Maiden Name No Record  
15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Bessie Miller  
(b) Address Globe Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date Feb. 13, 1942

18. (a) Embalmer's Signature Ed D. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona

19. (a) Feb. 13 - 42  
(Date received local Registrar)  
(b) Jane W. ...  
(Registrar's Signature)

6M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 30, 1942; TIME (Hour and minute) 1:30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Jan 30, 1942; that I last saw him alive on Jan 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cocaine

Due to Carcinoma of Stomach

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? (c) Means of injury \_\_\_\_\_

23. Signature Manning Hunter M.D. Address Globe, Ariz. Date signed 2-12-42

DURATION

1 month  
about 2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.