

7264

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 96
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location At Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Life // Mes. +; in Arizona Life // Mes. +
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) Arizona; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) NO
If Yes, which country _____ (If NONE write the word) NO
(b) If Veteran NO Social Security No. _____

3. (a) FULL NAME Alvina Miller

4. Sex Female 5. Color or Race Apache 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 3, 1941
(Month) (Day) (Year)
8. AGE: Years 0 Months 11 Days 15 hrs. _____ min. _____
If less than one day

9. Birthplace San Carlos Res. Arizona
(City, town or county) (State or Country)

10. Usual Occupation None
11. Industry or Business _____

Father { 12. Name Paul Miller
13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Martha Bush
15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Paul Miller
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Peridot, Ariz. (c) Date 6-19-1942

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

19. (a) 7-2-1942 Date received by Registrar

(b) Robert D. Cunningham Registrar's Signature

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-18-1942, 19____; TIME (Hour and minute) 4:00 P. M.

21. I hereby certify that I attended the deceased from June 14, 1942 to June 18, 1942; that I last saw her alive on June 18, 1942; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Broncho Pneumonia
Following Whooping-cough

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

Major findings:
Of operations _____

Of autopsy _____

DURATION

4 days
6 wks.

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 Robert D. Cunningham M. D.
Address San Carlos, Ariz. Date signed 7-2-1942

San Carlos Reservation, San Carlos Agency, San Carlos, Arizona
(Not Enrolled)