

624

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

104
State File No. _____
Registrar's No. 788
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 4119 Dueller St
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 29 yrs; in Arizona 29 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. 4119 Dueller St (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Albert Alexander Potter (b) If Veteran name war No (If Yes, which Country) (If NONE write the word)

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

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

7. Birthdate of deceased Feb. 2 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 27 If less than one day hrs. _____ min. _____

9. Birthplace Mc Pleasant Iowa
(City, town or county) (State or Country)

10. Usual Occupation Copper Industry

11. Industry or Business _____

12. Name John J. Potter

13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Elizabeth Virginia Ciley

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Michelle Sawyer

(b) Address Inspiration, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Prud. Cem. (c) Date OCT. 22 1942

18. (a) Embalmer's Signature J. H. ...

(b) Funeral Director J. H. ...

(c) Address Miami

19. (a) Nov 1 1942
(Date received local Registrar's Signature)
Nelson D. Brayton
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 19 1942
TIME (Hour and minute) 2-2 A.M.

21. I hereby certify that I attended the deceased from Oct 19 1942
to Oct 18 1942
that I last saw him alive on Oct 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Angina Pectoris
Due to _____
Chronic myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

DURATION
instant
2 days
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 John Cardenter Justice of the Peace
Address Miami, Fla Date signed Oct 28 42