

1107

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 73  
Registrar's No. 84

1. Place of Death: (a) County Gila (b) City or Town Miami Road (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; in Community 1 1/2 months; in Arizona 3 1/2 months  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Texas; (b) County El Paso; (c) City or Town El Paso  
(If outside city limits also write RURAL)  
(d) Street No. 2519 Louisville Street (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME ARLIN MELDON MADDOX (b) If Veteran No (c) Social Security No. 453-14-4337

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Sarah Elizabeth Maddox 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased July 9 1901  
(Month) (Day) (Year)  
8. AGE: Years 41 Months 3 Days 30 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Moody Texas  
(City, town or county) (State or Country)  
10. Usual Occupation Truck Driver  
11. Industry or Business Contracting  
Father { 12. Name Unknown  
13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature M. Weaver  
(b) Address 904 Babble Co, Miami, Ariz.  
17. (a) Burial, Cremation or Removal Removal  
(b) Place El Paso Tex (c) Date Nov. 9 1942  
18. (a) Embalmer's Signature J. Ray Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) Nov 10 1942  
(Date received local Registrar)  
(b) Keeson D. Brantley  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-9-1942  
TIME (Hour and minute) Proounced at 2:55 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 Not determined  
History of previous attacks suggest  
coronary artery disease. Symptoms  
Due to of this attack (described by  
witnesses) suggest coronary  
artery disease as cause  
of death.  
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) \_\_\_\_\_  
(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 James P. Deceth M. D.  
Address Miami, Arizona Date signed 11-9-42