

1109

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

81

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Insp. Hosp.
 (d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; in Arizona 3 days
 2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
 (d) Street No. 8 Washington St.; (e) Citizen of foreign country (yes or No) None
 3. (a) FULL NAME Judith Marie Presley (b) If Veteran None Social Security No. None
 4. Sex Fem Color or Race White 6. (a) Single, married, widowed or divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
 7. Birthdate of deceased Nov 8 1942
 8. AGE: Years _____ Months _____ Days 3 If less than one day hrs. _____ min. _____
 9. Birthplace Miami Ariz
 10. Usual Occupation _____
 11. Industry or Business _____
 12. Name Theodore R. Presley
 13. Birthplace Ragan Ark.
 14. Maiden Name Ruby Jean Marshall
 15. Birthplace Yall Okla
 16. (a) Informant's own signature Theodore R. Presley
 (b) Address #8 Washington at Lower Miami
 17. (a) Burial, Cremation or Removal Burial
 (b) Place Cinal Cemetery Date Nov 12 1942
 18. (a) Embalmer's Signature J. H. Miles
 (b) Funeral Director Miles Mortuary
 (c) Address Miami Ariz.
 19. (a) November 13 1942
 (b) Leson D. Grayson
 20. DATE OF DEATH (Month, day and year) Nov 11 1942
 TIME (Hour and minute) 9:30 P. M.
 21. I hereby certify that I attended the deceased from 11-8, 1942 to 11-11, 1942; that I last saw her alive on 11-11-42, 1942; and that death occurred on the date and hour stated above. Immediate cause of death Cerebral hemorrhage due to birth injury.
 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)
 (e) Means of injury _____
 23. Signature A. R. News M. D. Address Miami Date signed 11-14-42