

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 32

Registrar's No. 128

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location 1311-Greene (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 1/2 yrs; In Community 2 1/2 yrs; (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 1311-Greene St; (e) Citizen of foreign country (yes or No) NO
3. (a) FULL NAME Arthur Claud Oliner (b) If Veteran name war NO (c) Social Security No. 700-09-9367

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Monnie H Oliner 6. (c) Age of husband or wife, if alive 61 yrs.
7. Birthdate of deceased: 3 (Month) 9 (Day) 1878 (Year)
8. AGE: Years 65 Months 4 Days 2 hrs. min.
9. Birthplace West Plains Missouri (City, town or county) (State or Country)
10. Usual Occupation Section Foreman DPW (Retired)
11. Industry or Business
Father { 12. Name Alfred B Oliner 13. Birthplace Georgia (City, town or county) (State or Country)
Mother { 14. Maiden Name Georgia Dixon 15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature Monnie Oliner
(b) Address 1311-Greene St, Douglas
17. (a) Burial, Cremation or Removal Buried
(b) Place Douglas, Ariz (c) Date July 13 1945
18. (a) Embalmer's Signature Ed Porter
(b) Funeral Director Porter & Ames
(c) Address Douglas, Arizona
19. (a) July 12-45 (Date received local Registrar)
(b) Ed Adamson (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 7-10-1945, 19... M.
TIME (Hour and minute) 7-00 AM
21. I hereby certify that I attended the deceased from Jan 1943 to 7-10 1945
that I last saw him alive on July 9
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Arteriosclerosis

Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION 5 hrs
PHYSICIAN Monnie Oliner
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? NO (by Means of injury)
23. Signature William M. D.
Address Douglas, Arizona Date signed 7-10-1945