

1601

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 76

Registrar's No. 105

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 5 hrs.; In Community 5 hrs.; in Arizona 5 hrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)

(d) Street No. 229 Mesquite (e) Citizen of foreign country (yes or No) no  
If Yes, which country \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
(If NONE write the word)

3. (a) FULL NAME Donald Milton (b) If Veteran name war 154

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

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

7. Birthdate of deceased Feb. 27 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 hrs. 5 min.

9. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name Willie Wells Milton

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

14. Maiden Name Mentis Glenn

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

16. (a) Informant's own signature W.W. Milton

(b) Address Globe Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Purd Cem. (c) Date Mar 1 1944

18. (a) Embalmer's Signature J. Dey Miles Jr.

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz.

19. (a) March 6, 1944  
(Date received local Registrar)

(b) Nelson D Grayson  
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 27, 1944  
TIME (Hour and minute) 10:30 A.M.

21. I hereby certify that I attended the deceased from 2-27-44, 1944 to 2-28-44, 1944  
that I last saw him alive on 2-28-44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory collapse

Due to Premature birth

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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 W. D. Lehman M. D.  
Address Miami - Park, Wash. Date signed 3-6-44  
Miami, Ariz.

DURATION

5 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically