

1609

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 84

Registrar's No. 107

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 2 days; In Community 2 days in Arizona 2 days
(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

3. (a) FULL NAME Ronald Milton (b) If Veteran name war no If yes, which country no
Social Security No. none (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife <u>—</u>	6. (c) Age of husband or wife, if alive <u>—</u> yrs.	
7. Birthdate of deceased <u>Feb 27 1944</u> (Month) (Day) (Year)		
8. AGE: Years <u>0</u>	Months <u>0</u>	Days <u>2</u>
If less than one day hrs. <u>—</u> min. <u>—</u>		
9. Birthplace <u>Miami Ariz</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>—</u>		
11. Industry or Business <u>—</u>		
Father	12. Name <u>Willie Wells Milton</u>	
	13. Birthplace <u>Melborn Arkansas</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Mentie Glenn</u>	
	15. Birthplace <u>Cushman Arkansas</u> (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 Pinal Cem. (c) Date 3-1 1944

18. (a) Embalmer's Signature J. Ray Miles
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Mar 6 1944
(Date received local Registrar)

(b) Leson D. Swayton
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 29 1944
TIME (Hour and minute) 3:30 P.M.

21. I hereby certify that I attended the deceased from 2-27-1944 to 2-29-1944
that I last saw him alive on 2-29-1944
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

DURATION
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 W. J. Lehman M. D.
Address Miami Hosp. Corp Date signed 3-6-44
Miami, Ariz