

1357

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 89

Registrar's No. 133

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 5 Elam St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 14 yrs; In Arizona 14 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 5 Elam St; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (f) Social Security No. none

3. (a) FULL NAME Edward Maxwell (b) If Veteran name war none (c) Social Security No. none

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Divorced

6. (b) Name of husband or wife Viola Maxwell 6. (c) Age of husband or wife, if alive 68 yrs.

7. Birthdate of deceased July 9 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 29 If less than one day hrs. min.

9. Birthplace Shepherdsville Kentucky  
(City, town or county) (State or Country)

10. Usual Occupation Retired

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

12. Name Edward Maxwell

13. Birthplace Lansville Ky  
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature E.C. Maxwell  
(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Cind Cem (c) Date June 10 1944

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

19. (a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(Date received Local Registrar)

20. \_\_\_\_\_  
(Registrar's Signature)

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 8 1944  
TIME (Hour and minute) 6:20 P. M.

21. I hereby certify that I attended the deceased from June 1 1944 to June 8 1944  
that I last saw him alive on June 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Uremic Poisoning

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

Due to Prostatic Inflammation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
3 days  
3 yrs.  
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? \_\_\_\_\_  
(Specify type of work)

23. Signature Edward D. Brayton M. D.  
Address Miami Date signed June 11 1944