

2491

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12807
Registrar's No. 146

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 3016 Latham Blvd.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 15 yrs; in Arizona 15 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. 3016 Latham; (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Margaret Morton (b) If Veteran no (c) no (d) no
name war (e) no (f) no (g) no (h) no (i) no (j) no (k) no (l) no (m) no (n) no (o) no (p) no (q) no (r) no (s) no (t) no (u) no (v) no (w) no (x) no (y) no (z) no
Security No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Fred Morton 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Jan 15 1882
(Month) (Day) (Year)
9. AGE: Years 62 Months 6 Days 20 If less than one day hrs. _____ min. _____
9. Birthplace Cedar Falls, Iowa
(City, town or county) (State or Country)
10. Usual Occupation Rooming House operator
11. Industry or Business _____
Father { 12. Name Hans Olsen
13. Birthplace Denmark
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace Denmark
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 10 1944
TIME (Hour and minute) 5:45 P M.
21. I hereby certify that I attended the deceased from JULY 10
1944 to AUG 10 1944
that I last saw her ER alive on AUG 10 1944
and that death occurred on the date and hour stated above.
Immediate cause of death CARCINOMATOSIS
Due to C.A. OF URINARY BLADDER
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
1 YRS
2 YR
PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Robert K. Hill
(b) Address Miami Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place W. Concord Miao (c) Date Aug 16 1944
18. (a) Embalmer's Signature J. Roy Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz
19. (a) Aug 21 1944
(Date received local Registrar)
(b) Lucas H. Grayson
(Registrar's Signature)

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 J. Roy Miles Jr. (e) _____
Address Miami Ariz Date signed 8-11-44 M.D.