

2495

SOCIAL SECURITY NO. Arizona State Board of Health BUREAU OF VITAL STATISTICS

State File No. 80

STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH E. OR R. County Gila State ARIZONA Registered No. Township San Carlos or Village City San Carlos No. Hospital St. Ward Length of residence in city or town where death occurred 15 yrs 11 mos 14 ds. How long in U. S. if of foreign birth? 15 yrs 11 mos 14 ds. 2. FULL NAME Timothy Miller How long in State when death occurred? 15 yrs 11 mos 14 ds. (a) Residence: San Carlos, Arizona (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 8-28-28 7. AGE Years 15 Months 11 Days 14 If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) (State or Country) San Carlos Arizona 13. NAME No record 14. BIRTHPLACE (city or town) (State or Country) No record 15. MAIDEN NAME Cora Miller Lee 16. BIRTHPLACE (city or town) (State or Country) San Carlos Arizona 17. INFORMANT Cora Lee (Address) San Carlos, Arizona 18. BURIAL, CREMATION, OR REMOVAL Place San Carlos Date 3-12-44 19. EMBALMER License No. None Signature None FUNERAL DIRECTOR None Address None 20. Filed 8-12, 19 44 Registrar

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) 8-11-19 44 22. I HEREBY CERTIFY, That I attended deceased from 8:30 AM 8-11, 1944, to 3:20 PM 8-11, 1944 I last saw him alive on 8-11 19 44; death is said to have occurred on the date stated above, at 3:20 p.m. The principal cause of death and related causes of importance were as follows: Influenza Meningitis 2 days Fulminating Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) F. J. Scire M. D. (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.