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

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. San Carlos Agency, San Carlos, Arizona

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH E. on R. County Gila State ARIZONA Registered No. 88 Township San Carlos City San Carlos Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. How long in State when death occurred? 76 yrs. mos. ds.

2. FULL NAME Ambrose Miller (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, (Write the word) Widowed 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1868 7. AGE 76 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 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 No record 16. BIRTHPLACE (city or town) (State or Country) No record 17. INFORMANT (Address) Census Book 18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos Date 10-29 1944 19. EMBALMER License No. None Signature None FUNERAL DIRECTOR None Address None 20. Filed Nov. 2, 1944 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-28, 1944 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19...; death is said to have occurred on the date stated above, at...m. The principal cause of death and related causes of importance were as follows: Burned to death in fire Date of Onset 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 10-28 1944 Where did injury occur? San Carlos, Ariz. (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place Home Manner of injury Nature of injury Fell into fire while in drug store 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) F. J. Price, M. D. (Address) San Carlos, Arizona