1119

12-19-44

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 69
Registrar's No. 169

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami Rural Radium (If outside city limits also write RURAL) (c) Location Radium (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution — ; In Community 2 days ; in Arizona 2 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) Ariz at Radium ; (b) County Gila ; (c) City or Town Miami Rural (If outside city limits also write RURAL)

(d) Street No. — ; (e) Citizen of foreign country (yes or No) NO

If Yes, which country —

3. (a) FULL NAME Infant Randall (b) If Veteran name war 1600 (c) Social Security No. —

4. Sex Male | 5. Color or Race Indian | 6. (a) Single, married, widowed or divorced

6. (b) Name of husband or wife — | 6. (c) Age of husband or wife, if alive — yrs.

7. Birthdate of deceased Oct (Month) 31 (Day) 1944 (Year)

8. AGE: Years — | Months — | Days 2 | If less than one day hrs. — min. —

9. Birthplace Radium Gila Co Ariz (City, town or county) (State or Country)

10. Usual Occupation —

11. Industry or Business —

Father: 12. Name Alfonso Randall
13. Birthplace San Carlos Ariz (City, town or county) (State or Country)

Mother: 14. Maiden Name Helen Broad
15. Birthplace Ryan Gila Co Ariz (City, town or county) (State or Country)

16. (a) Informant's own signature X Alfonso Randall
(b) Address Radium of Hayes & Co

17. (a) Burial, Cremation or Removal
(b) Place San Carlos (c) Date Nov 3 1944

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director
(c) Address Miami Ariz

19. (a) Nov 11 1944 (Date received local Registrar)
(b) Nelson D Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 3, 1944
TIME (Hour and minute) 7 a M.

21. I hereby certify that I attended the deceased from did not on Nov 3 or prior, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crematurity

Due to

Due to Placenta Previa of Mother

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 Nelson D Brayton M. D.
Address Miami Ariz Date signed Nov 11 1944

20M 100% Rag 8-42 B. Co. County File No. Date Received