

1125

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 75

Registrar's No. 177

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 17 Hill 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 24 yrs; in Arizona 24 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. 16 Hill St; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Arthur Vincent O'Leary (b) If Veteran No (c) Social Security No. 5-27-677-027  
name war

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Laura T. O'Leary</u>	6. (c) Age of husband or wife, if alive <u>24</u> yrs.	
7. Birthdate of deceased <u>Feb 22 1869</u> (Month) (Day) (Year)		
9. AGE: Years <u>75</u> Months <u>8</u> Days <u>22</u>	If less than one day hrs. <u>   </u> min. <u>   </u>	
9. Birthplace <u>St. Louis Mo.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Smelter Foreman</u>		
11. Industry or Business <u>Subdivision of Smelter</u>		
12. Name <u>Unknown</u>		
13. Birthplace <u>Irishland</u> (City, town or county) (State or Country)		
14. Maiden Name <u>Unknown</u>		
15. Birthplace <u>"</u> (City, town or county) (State or Country)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 14 1944  
TIME (Hour and minute) 5:45 P.M.

21. I hereby certify that I attended the deceased from Nov 14-44  
19     to Nov 14-44 19    ;

that I last saw him alive on Nov 14-44 19    ;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis (instant)

Due to Arteriosclerosis

Due to Hypertension

Other conditions: Semiplety  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations

Of autopsy none

DURATION  
10 yrs

PHYSICIAN  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Arthur O'Leary  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Divol Cem. (c) Date Nov. 19 1944

18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Mike Montuhy  
(c) Address Miami Ariz.

19. (a) Dec 13 1944  
(Date received local Registrar)  
(b) Dean W. Gray Jr.  
(Registrar's Signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) NO

(b) Date of occurrence    

(c) Where did injury occur? none  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
(Specify type of place)

While at work?     (e) Means of injury    

23. Signature Arthur O'Leary M. D.  
Address Miami Ariz. Date signed 11-19-44