

1130

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80
Registrar's No. 165

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 3046 Hillcrest
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 32 yrs.; in Arizona 38 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. 3046 Hillcrest; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME George Elgin Oliver (b) H Veteran Yes name was George Elgin Oliver (c) Social Security No. 526-07-3487

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

6. (b) Name of husband or wife Mary P. Oliver 6. (c) Age of husband or wife, if alive 50 yrs.

7. Birthdate of deceased July 13 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 8 If less than one day hrs. min.

9. Birthplace Murphyborough Tenn.
(City, town or county) (State or Country)

10. Usual Occupation Engineer

11. Industry or Business Ariz. Edison Co.

12. Name G. S. Oliver

13. Birthplace Watson Co. Tenn.
(City, town or county) (State or Country)

14. Maiden Name A. S. McCabe

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary P. Oliver
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Rinal Cem. (c) Date Nov. 26 1944

18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Nov. 28 1944
(Date received local Registrar)

(b) Norman S. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 21 1944
TIME (Hour and minute) 8:30 P M.

21. I hereby certify that I attended the deceased from Sept 6
1944 to Nov 21 1944
that I last saw h. alive on Nov 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of lung

Due to 2 1/2 yrs.

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 Norman S. Brayton
Address Miami Date signed Nov 27 1944