

1740

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 84
Registrar's No. 181

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Hosp. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; in Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz. (b) County Gila (c) City or Town Miami Rural
(If outside city limits also write RURAL)
(d) Street No. Hawthorne Pkch 1 mile west of Miami (e) Citizen of foreign country (yes or No) No
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Baby boy Marshall (b) If Veteran name war No Social Security No. None

4. Sex <u>M</u>	5. Color or Race <u>W</u>	6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband or wife <u>Infant</u>	6. (c) Age of husband or wife, if alive _____ yrs.	
7. Birthdate of deceased <u>December 13 1944</u> (Month) (Day) (Year)		
8. AGE: Years <u>0</u> Months <u>0</u> Days <u>0</u>	If less than one day hrs. <u>Born dead</u>	
9. Birthplace <u>Miami Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation _____		
11. Industry or Business _____		
Father	12. Name <u>Mr. Ray Marshall</u>	
	13. Birthplace <u>Memphis Tennessee</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Evelyn Barden</u>	
	15. Birthplace <u>Lakeview Oklahoma</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature M. B. Barden
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Rinal Cem. (c) Date Dec 16 1944
18. (a) Embalmer's Signature J. Dey Miller Jr.
(b) Funeral Director Miller Mortuary
(c) Address Miami Ariz.
19. (a) Dec 18 1944
(Date received local Registrar)
(b) Bevan S. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 13, 1944;
TIME (Hour and minute) _____ M.
21. I hereby certify that I attended the deceased from _____, 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 Temperature & Cord around neck
Due to _____
Due to _____
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 Robert M. Barden M. D.
Address 151 East Hill Ave. Date signed 12-13-44