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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. ✓69

Registrar's No. 19

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

(d) Length of Stay: In Hospital or Institution 2 days; In Community 7 years (Specify whether years, months or days); In Arizona Life

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (Yes or No) ; If Yes, which country

3. (a) FULL NAME Fern Catherine Milardovich (b) If Veteran name war No (c) Social Security No. None

4. Sex: Female	5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White	6. (a) Single, married, widowed or divorced: Married	
6. (b) Name of husband or wife: Joe Milardovich		6. (c) Age of husband or wife, if alive yrs.	
7. Birthdate of deceased: March (Month) 4th (Day) 1913 (Year)			
8. AGE: Years 31	Months 11	Days 4	If less than one day: hrs. min.
9. Birthplace: Safford, (City, town or county) Arizona (State or Country)			
10. Usual Occupation: Housewife			
11. Industry or Business:			
Father 12. Name: Hyram Bingham			
Father 13. Birthplace: Idaho (City, town or county) (State or Country)			
Mother 14. Maiden Name: Mussetta Madsen			
Mother 15. Birthplace: Idaho (City, town or county) (State or Country)			

16. (a) Informant's own signature Joe Milardovich
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Safford, Arizona Date 2/12/45 1945

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Feb. 10 - 45 (Date received, Local Registrar)
(b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feby. 8th 1945; TIME (Hour and minute) 4:40 PM M.

21. I hereby certify that I attended the deceased from Feb. 6 - 1945, 19..., to Feb 8 - 1945, 19...; that I last saw her alive on Feb 8 - 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Shock and hemorrhage due to

Due to Large intramural fibroids.

Due to Following delivery of a still born female infant

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION 24 hrs.

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) no.
(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 Cyril [illegible] M. D.
Address Miami Ariz. Date signed 2-11-45

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