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21-45

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1870
Registrar's No. 1870

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General 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 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 Jo Ann Milardovich (b) If Veteran name war No (c) Social Security No. No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Single
White Indian Negro Oriental White

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

7. Birthdate of deceased Feb. 8th 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. _____ min. 0

9. Birthplace Globe, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father 12. Name Joe Milardovich

13. Birthplace Globe, Arizona
(City, town or county) (State or Country)

Mother 14. Maiden Name Fern Catherine Bingham

15. Birthplace Safford, Arizona
(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, Ariz. (c) Date 2/10/45

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) James Wauson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 8th 1945
TIME (Hour and minute) 2:45 PM M.

21. I hereby certify that I attended the deceased from Feb 8 - 1945
to Feb 8 - 1945
that I last saw h. or alive on Feb 8 - 1945

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Still born infant -

Due to umbilical cord wrapped twice around

Neck to chokes neck tightly
I believe this to be cause of infant's death

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 Byrd M. Brown M. D.
Address Miami Ariz Date signed 2-11-45