

676

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1777

Registrar's No. 22

1. Place of Death: (a) County Gila

(b) City or Town Inspiration
(If outside city limits also write RURAL)

(c) Location Inspiration Mine
(St. & No. (or) Name of institution)

(d) Length of Stay: In Hospital or Institution none

2. Usual Residence of Deceased: (a) State Ariz

(b) County Gila

(c) City or Town Gila
(If outside city limits also write RURAL)

(d) Street No. Cobb St. Central Heights

3. (a) FULL NAME Charles Clemons Miller

(b) If Veteran name war World War I

(c) Citizen of foreign country (yes or No) No

(c) Social Security No. 526-00-6879

4. Sex Male

5. Color or Race White

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Ann C. Miller

6. (c) Age of husband or wife, if alive ? yrs.

7. Birthdate of deceased May 6 1898

8. AGE: Years 46

Months 10

Days 6

hrs. min.

9. Birthplace New York City
(City, town or county)

(State or Country) N.Y.

10. Usual Occupation Miner

11. Industry or Business Kno Con Cop Co

12. Name Thomas J. Miller

13. Birthplace Unknown
(City, town or county)

(State or Country)

14. Maiden Name ?

15. Birthplace New York
(City, town or county)

(State or Country) N.Y.

16. (a) Informant's own signature Ann Miller

(b) Address Gila Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Final Am

(c) Date 3-17 1945

18. (a) Embalmer's Signature J. Mey Miles Jr

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz

19. (a) March 15 1945
(Date received local Registrar)

(b) James D. Pausan
(Registrar's Signature)

County File No.

Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 12 1945
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____

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

Immediate cause of death Electric Shock

Due to Came in contact with high TENSION Trolley line in mine

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence March 12 - 1945

(c) Where did injury occur? Inspiration Gila Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? INSPIRATION MINE
(Specify type of place)

(e) Means of injury _____

While at work? yes

23. Signature John Garofalo - Coroner
Address Miami Ariz

Date signed 3-16-45

DURATION

Indef.

PHYSICIAN

Underline the cause to which death should be charged statistically