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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 209  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Maricopa (b) City or Town Near Wickenburg (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 35 Years; In Arizona 60 Years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 1642 East Pinchot  
(e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
3. (a) FULL NAME WILLIAM S. MILLER (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Mary M. Miller 6. (c) Age of husband or wife, if alive 45 yrs.  
7. Birthdate of deceased August 28 1880  
(Month) (Day) (Year)  
8. AGE: Years 64 Months 10 Days 16 If less than one day hrs. min.  
9. Birthplace Goncho Texas  
(City, town or county) (State or Country)  
10. Usual Occupation R.R. Engineer  
11. Industry or Business Santa Fe Railroad  
Father { 12. Name Lewis Miller  
13. Birthplace ? ? Germany  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Minnie Westerdam  
15. Birthplace ? ? South Dakota  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary M. Miller  
(b) Address 1642 East Pinchot  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Greenwood (c) Date 7-18 19 45  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director Arizona Funeral Home  
(c) Address 376 North 3rd. Ave.  
19. (a) 7/19/45  
(Date received Local Registrar)  
(b) Maami Coffey H.C.E.  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14 19 45  
TIME (Hour and minute) About 8.30 17 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 \_\_\_\_\_  
Due to Natural Causes  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within three 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 Bob C. Starnes  
Address Corona Date signed \_\_\_\_\_