

2458

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 62
Registrar's No. 66

1. Place of Death: (a) County Arizona (b) City or Town Miami (c) Location E 48 Davis Canon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 19 yrs; In Arizona 22 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Dade; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. E 48 Davis Canon; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Lula May Mayer (b) If Veteran name war — If Yes, which country — (c) Social Security No. 526-26-0256

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife John C. Mayer 6. (c) Age of husband or wife, if alive 48 yrs.
7. Birthdate of deceased March 10 1895
(Month) (Day) (Year)
8. AGE: Years 50 Months 7 Days 28 If less than one day hrs. min.
9. Birthplace Jacksonville Florida
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business —
Father { 12. Name Unknown
13. Birthplace —
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elmira Pate
15. Birthplace Florida
(City, town or county) (State or Country)

16. (a) Informant's own signature Nelson Boston
(b) Address Miami Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Royal Cem. (c) Date Nov 12 1945
18. (a) Embalmer's Signature J. Mey Miles J.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz
19. (a) Nov 12 1945
(Date received Local Registrar)
(b) Nelson A. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Nov 8 1945
TIME (Hour and minute) 6:30 P. M.
21. I hereby certify that I attended the deceased on
Nov 8, 1945 to immediately after death
that I last saw her alive on Nov 1, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death acute cardiac failure heart
Due to (over)
Due to —
Other conditions (Include pregnancy within three 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) —
(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 Nelson D. Brayton M. D.
Address Miami Ariz Date signed Nov 12 1945

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically