STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80
Registrar's No. 16

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

(d) Length of Stay: In Hospital or Institution 30 min.; In Community 9 mo. (Specify whether years, months or days); In Arizona 9 mo.

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

(d) Street No. 53 Chickolm; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Clyde G. Mathis (b) If Veteran name war no (c) Social Security No. 529-07-8558

4. Sex	5. Race	6. (a) Single, married, widowed or divorced
Male	White [X] Indian [ ] Negro [ ] Oriental [ ]	Married

6. (b) Name of husband or wife Lola Shipman | 6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased June (Month) 4 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
48	5	24	hrs. min.

9. Birthplace Cabool (City, town or county) Missouri (State or Country)

10. Usual Occupation Battery Repairman

11. Industry or Business Castle Dome

Father
12. Name Dan Mathis
13. Birthplace Unknown (City, town or county) Mo. (State or Country)

Mother
14. Maiden Name Maggie Stoplill
15. Birthplace ? (City, town or county) Mo. (State or Country)

16. (a) Informant's own signature Lola Mathis
(b) Address Miami Box 861

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz.; (c) Date Dec 3 1945

18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Dec 1 1945 (Date received Local Registrar)
(b) Nelson D. Bray (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 28, 1945; TIME (Hour and minute) 6:45 P M.

21. I hereby certify that I attended the deceased from 11-28-45, 1945 to 6:45 P.M. 11-28-45, 1945; that I last saw him alive on 11-28-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

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 Robert Mathis M. D.
Address Miami, Arizona Date signed 11-30-45

s 40M—100% Rag—6-45