

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

17-47

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location St. Vincent Hospital  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_ (If outside city limits also write RURAL)  
2. Usual Residence of Deceased: (a) State Ariz. (Specify whether years, months or days) \_\_\_\_\_ (b) County Gila (c) City or Town Miami (If outside city limits also write RURAL)  
(d) Street No. Govt. Hospital (St. & No. (or) Name of Institution) \_\_\_\_\_ In Arizona \_\_\_\_\_

State File No. 96  
Registrar's No. 105  
(St. & No. (or) Name of Institution)

3. (a) FULL NAME Donald T. Mills, Jr. (b) If Veteran name war \_\_\_\_\_ (c) City or Town Miami (If outside city limits also write RURAL)  
4. Sex Male 5. Race White  Indian  Negro   Oriental  6. (a) Single, married, widowed or divorced single (b) If Veteran name war \_\_\_\_\_ (c) Citizen of foreign country (Yes or No) Yes  
7. Birthdate of deceased \_\_\_\_\_ (d) Social Security No. 2000  
8. AGE: Years \_\_\_\_\_ (e) If Yes, which county \_\_\_\_\_ (f) Social Security No. \_\_\_\_\_

6. (a) Single, married, widowed or divorced single (b) If Veteran name war \_\_\_\_\_ (c) Citizen of foreign country (Yes or No) Yes  
9. Birthdate of deceased \_\_\_\_\_ (d) Social Security No. 2000  
10. Usual Occupation \_\_\_\_\_ (e) If Yes, which county \_\_\_\_\_ (f) Social Security No. \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_

12. Name Donald T. Mills (State or Country) Arizona  
13. Birthplace Santan, Arizona (City, town or county) (State or Country) Arizona  
14. Maiden Name Mairne Williams (State or Country) Arizona  
15. Birthplace Blackwater, Arizona (City, town or county) (State or Country) Arizona

16. (a) Informant's own signature Donald T. Mills  
(b) Address Clayton, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Blackwater, Ariz. (c) Date Jan. 15, 1947

18. (a) Embalmer's Signature \_\_\_\_\_ (b) Funeral Director Clayton family  
(c) Address Clayton, Arizona

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(c) \_\_\_\_\_ (d) \_\_\_\_\_  
(e) \_\_\_\_\_ (f) \_\_\_\_\_  
(g) \_\_\_\_\_ (h) \_\_\_\_\_  
(i) \_\_\_\_\_ (j) \_\_\_\_\_  
(k) \_\_\_\_\_ (l) \_\_\_\_\_  
(m) \_\_\_\_\_ (n) \_\_\_\_\_  
(o) \_\_\_\_\_ (p) \_\_\_\_\_  
(q) \_\_\_\_\_ (r) \_\_\_\_\_  
(s) \_\_\_\_\_ (t) \_\_\_\_\_  
(u) \_\_\_\_\_ (v) \_\_\_\_\_  
(w) \_\_\_\_\_ (x) \_\_\_\_\_  
(y) \_\_\_\_\_ (z) \_\_\_\_\_

20. DATE OF DEATH (Month, day and year) Jan 13, 1947  
TIME (Hour and minute) 12:00 a.m.  
21. I hereby certify that I attended the deceased from 1-13-47 to 1-13-47  
that I last saw him alive on 1-13-47 and that death occurred on the date and hour stated above.  
Immediate cause of death Atelectasis

Due to \_\_\_\_\_  
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? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature M. B. Burger Date signed 1-13-1947  
Address Miami

DURATION  
1 hr 15 min

PHYSICIAN  
Underline the cause to which death should be charged statistically