

110

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 97  
Registrar's No. 2

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 43 Hill St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 57 Years; in Arizona 57 Year  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Gilai (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 43 Hill St. (e) Citizen of foreign country (yes or No) \_\_\_\_\_

3. (a) FULL NAME Luzora Piper (b) If Veteran name war \_\_\_\_\_  
If Yes, which country \_\_\_\_\_  
Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed widowed

6. (b) Name of husband Henry Piper 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 8 1862  
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 5 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Valley, Texas  
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business \_\_\_\_\_

12. Name John Neil  
13. Birthplace New Valley Texas  
(City, town or county) (State or Country)

14. Maiden Name Molly Sanchez  
15. Birthplace New Valley Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Roland Jones  
(b) Address Miami Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Ariz. (c) Date 1-16 19 47

18. (a) Embalmer's Signature J. M. Miller  
(b) Funeral Director J. M. Miller  
(c) Address Globe Arizona

19. (a) Jan 24 1947 Date received local Registrar  
(b) Alton R. Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 13 1947  
TIME (Hour and minute) 9:20 P.M.

21. I hereby certify that I attended the deceased from Jan 13 1947 to Jan 12 1947  
that I last saw him alive on Jan 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
30 minutes

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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Alton R. Brayton  
Address Miami Ariz Date signed Jan 24 47