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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. 69
Registrar's No. 10

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami-Inspiration Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 Mos. 6 Days; In Community 19 Yrs; In Arizona 19 Yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami-Rural
(If outside city limits also write RURAL)
(d) Street No. #3 Euclid Avenue; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Jesse Campbell Pontius (b) If Veteran name war _____ (c) Social Security No. 526-18-8761

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Bernadette Pontius 6. (c) Age of husband or wife, if alive 40 yrs.
7. Birthdate of deceased Sept 29 1896
(Month) (Day) (Year)
8. AGE: Years 50 Months 4 Days 7 If less than one day hrs. 19 min.
9. Birthplace Chillicothe Ohio
(City, town or county) (State or Country)
10. Usual Occupation Restaurant man
11. Industry or Business Restaurant
Father { 12. Name Henry Ward Pontius
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Louella (Last name) (unknown)
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Bernadette Pontius
(b) Address #3 Euclid Avenue Miami, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Feb 10 1947
18. (a) Embalmer's Signature J. Neg Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami
19. (a) FEB 20 1947
(Date received Local Registrar)
(b) Lescoe D Braxton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb. 6 1947
TIME (Hour and minute) 7:00 P.M.
21. I hereby certify that I attended the deceased from 1-1-46
to 2-6-47, 19____, and that I last saw him alive on 2-6-47, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Metastatic Carcinoma of the eye
SPREADS EPITHELIOMA
Due to Squamous Epithelioma of eye
Due to Retinoblastoma of eye
Other conditions _____
(Include pregnancy within three months of death)
Major findings: _____
Of operations: _____
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? _____ (a) Means of injury _____
23. Signature [Signature] M. D.
Address Miami Date signed 2-18-47

DURATION
2 months
6 months
2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically