

9658

Dr. Gilbert

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 274

Registrar's No. 56

1. Place of Death: (a) County Maricopa (b) City or Town Higley (c) Location Rural
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 3 weeks; In Arizona 3 wks.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State California (b) County ?? (c) City or Town Maywood
(If outside city limits also write RURAL)

(d) Street No. 5225 Fishburn Ave. (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Ralph Acie Miller (b) If Veteran name war NO (c) Social Security No. ??

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

6. (b) Name of husband or wife Vernie Miller 6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased April 15, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 1 If less than one day hrs. min.

9. Birthplace Dayton, Washington
(City, town or county) (State or Country)

10. Usual Occupation Reacher

11. Industry or Business

12. Name George W. Miller
Father { 13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Mary Ping
Mother { 15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Vernie Miller
(b) Address Maywood, Calif.

17. (a) Burial, Cremation or Removal burial
(b) Place Mesa, Ariz. (c) Date 3-18-1947

18. (a) Embalmer's Signature R. M. Daybell - 228
(b) Funeral Director Melburn Mortuary
(c) Address Mesa, Arizona

19. (a) March 19 1947
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 16, 1947
TIME (Hour and minute) 4 A. M.

21. I hereby certify that I attended the deceased from March 10 to March 16, 1947
that I last saw him alive on March 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Influenza

Due to old myocarditis and asthma

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

1 week

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 [Signature] M. D.
Address Chandler Ariz. Date signed March 19/47