

2440

4709

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 831

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 19 days; In Community 45 yrs; In Arizona 50 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. Kinney Park (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Caldwell J. Miller (b) If Veteran name war unknown (c) Social Security No. unknown

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife *** 6. (c) Age of husband or wife, if alive *** yrs.
7. Birthdate of deceased July 18, 1875
(Month) (Day) (Year)
8. AGE: Years 73 Months 1 Days 14 hrs. ** min. **
If less than one day
9. Birthplace Lenoir, North Carolina
(City, town or county) (State or Country)
10. Usual Occupation retired miner
11. Industry or Business mining, copper
12. Name Nelson A. Miller
Father { 13. Birthplace Lenoir, N. Carolina
(City, town or county) (State or Country)
14. Maiden Name Adeline Wilfong
Mother { 15. Birthplace unknown N. Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature M. J. Miller (brother)
(b) Address Lenoir, N. Carolina
17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery Date 9/4 1948
18. (a) Embalmer's Signature Frank W. Brady
(b) Funeral Director Frank W. Brady
(c) Address 328 S. Hill St., Globe, Arizona
19. (a) Sept. 2 - 48
(Date received Local Registrar)
(b) James W. Waualee
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 2, 1948.
TIME (Hour and minute) 10:00 am. M.
21. I hereby certify that I attended the deceased from 15 August, 1948 to 2 Sept, 1948,
that I last saw him alive on 2 Sept '48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death RT Heart failure
Due to Chronic Bronchitis
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 N. O. Wheeler M. D.
Address Globe Date signed 2 Sept - 48