

2450

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **4809**

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Street No. Rural (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Miller, Harvey (b) If veteran name war _____ (c) If Yes, which country _____ (d) Social Security No. _____

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 August 11 1946
(Month) (Day) (Year)
8. AGE: Years 2 Months 30 Days hrs min sec
9. Birthplace San Carlos Agency Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Harmon Miller
13. Birthplace San Carlos Agency, Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Helen Mahsill
15. Birthplace San Carlos Agency, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Chart
(b) Address San Carlos Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 9/10 19 48

18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address _____

19. (a) Sept. 28, 1948
(Date received Local Registrar)
(b) R.V. Rogers
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10 September, 19 48
TIME (Hour and minute) 8:50 p.m. M.

21. I hereby certify that I attended the deceased from 9 a.m.
9 September, 19 48 to 10 September, 19 48
that I last saw him alive on 10 September, 19 48

and that death occurred on the date and hour stated above.
Immediate cause of death Diarrhea & Enteritis

DURATION

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

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 R.V. Rogers
Address San Carlos, Ariz. Date signed 9-16-48 M. D.