

40 1544

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

6460

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Mila (b) City or Town Payson (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 19 yrs.; In Arizona 19 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mila; (c) City or Town Payson
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Velma Louise Pyle (b) If Veteran name war _____ (c) Security No. _____

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

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

7. Birthdate of deceased JAN. 1 1947
(Month) (Day) (Year)

8. AGE: Years 19 Months 11 Days 56 If less than one day hrs. _____ min. _____

9. Birthplace Payson Arizona
(City, town or county) (State or Country)

10. Usual Occupation Home

11. Industry or Business _____

Father { 12. Name Floyd M. Pyle
13. Birthplace Payson Ariz.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Verda E. Pyle
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Floyd M. Pyle
(b) Address Payson Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Payson (c) Date Jan 3 1947

18. (a) Embalmer's Signature J. W. Miles

(b) Funeral Director J. W. Miles

(c) Address Milbourn Arizona

19. (a) Dec 15 1946
(Date received Local Registrar)

(b) Calvin M. Green
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1/1 1947
TIME (Hour and minute) 9 a.m.

21. I hereby certify that I attended the deceased from 8:30 am
1/1 1947 to 10 am 1/1 1947

that I last saw her alive on 1/1 1947

and that death occurred on the date and hour stated above.

Immediate cause of death accidental Carbon Monoxide Poison

Due to Faulty Automobile muffler

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence 1/1/47

(c) Where did injury occur? Payson Mila Arizona
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Automobile
(Specify type of place)

While at work? _____ (e) Means of Injury _____

23. Signature R. K. Nicholas D.O.

Address 320. 4th St. Payson Date signed 1/1/47

DURATION

accident
CO
poisoning

PHYSICIAN

Underline the cause to which death should be charged statistically