

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

DEATH DENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY <i>Gila</i>		A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Parson</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>0</i> <i>13</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Rural</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila General Hospital</i>				

IT AL 173 4 410	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE
	<i>E. D. Miller</i>			<i>Male</i>	<i>White</i>
	6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)	7. DATE OF BIRTH (MONTH, DAY, YEAR)	8. AGE (YEARS, MONTHS, DAYS)	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
	<input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<i>Aug. 17 1876</i>	<i>73</i> <i>7</i> <i>29</i>		
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.	
<i>Retired</i>	<i>Texas</i>	<i>U.S.</i>	<i>no</i>	<i>none</i>	
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)	
<i>Albert Miller</i>		<i>Texas</i>	<i>Emma Philips</i>	<i>Texas</i>	
16. INFORMANT'S SIGNATURE			17. DATE OF DEATH (MONTH, DAY, YEAR)		
<i>Bulah Chilson Parson</i>			<i>April 18 1950</i>		

221 0 10	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† (a)		<i>Pulmonary Edema</i>		<i>Approx 1 hr.</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		<i>Chronic Myocarditis</i>		<i>Unknown</i>
	DUE TO (b)		<i>Generalized Arteriosclerosis</i>		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

NS, Y 2	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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AL E	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?

ER'S ION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>April 18 1950</i> TO <i>8:30a</i> 19 <i>50</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>April 18 1950</i> AND THAT DEATH OCCURRED AT <i>8:30a</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE (DEGREE OR TITLE)	23B. ADDRESS	23C. DATE SIGNED
	<i>William E. Porshop MD</i>	<i>Globe Arizona</i>	<i>5/16/50</i>

L 17 R 2	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <i>April 19 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Springville, Ariz</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	25A. DATE REC'D BY LOCAL REG. <i>5-6-50</i>	26B. REGISTRAR'S SIGNATURE <i>Gene Wavelle</i>	26. GENERAL DIRECTOR'S SIGNATURE	27. EMBALMER'S SIGNATURE