

CERTIFICATE OF DEATH

11-24
04 07 25
25
098
RESIDENCE
6

PRECEDENT 2
PERSONAL DATA 406
2
050

CAUSE OF DEATH TEM 18
776X
0
0

OPERATIONS 2
AUTOPSY
DEATH DUE TO INTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION 1

GENERAL DIRECTOR AND REGISTRAR 19
2

BIRTH NO.	1. PLACE OF DEATH A. COUNTY <i>Ela</i>	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Dilla</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) <i>Miami</i>	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <input checked="" type="checkbox"/>	C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Miami</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miami Inspiration Hosp.</i>	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1019 Sullivan St.</i>		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Joseph</i> B. (MIDDLE) <i>Harry</i> C. (LAST) <i>Miles</i>	4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	
6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>Oct.</i> DAY <i>11</i> YEAR <i>1950</i>	8. AGE YEARS <i>0</i> MONTHS <i>0</i> DAYS <i>0</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>none</i>
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>
13. SOCIAL SECURITY NO. <i>none</i>	14A. FATHER'S NAME <i>J. Mey Miles Jr.</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Miami Ariz.</i>	15A. MOTHER'S MAIDEN NAME <i>Freda Cranswick</i>
15B. BIRTHPLACE (STATE OR COUNTRY) <i>England</i>	16. INFORMANT'S SIGNATURE <i>Rita S. Miles</i>	ADDRESS <i>Miami Ariz.</i>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Oct. 11 1950</i>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b): DUE TO (c): II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <i>15 1/2 min.</i>
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>10 Oct. 1950</i> TO <i>10 Oct. 1950</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>10 Oct. 1950</i> . AND THAT DEATH OCCURRED <i>12 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>Robert Loran, M.D.</i>	23B. ADDRESS <i>Miami, Ariz.</i>	23C. DATE SIGNED <i>10/11/50</i>	
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	24B. DATE <i>Oct. 12, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Double Butte</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tempe Arizona</i>
25A. DATE REC'D BY LOCAL REG. <i>Nov 1 1950</i>	25B. REGISTRAR'S SIGNATURE <i>Arnon D. Boyton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rita S. Miles</i>	ADDRESS <i>Miami Ariz.</i>
		27. EMBALMER'S SIGNATURE <i>J. Mey Miles Jr.</i>	CERT. NO. <i>244</i>