

CERTIFICATE OF DEATH

BIRTH NO. 14
FACE OF DEATH 9 AND 71
LOCAL RESIDENCE 0201

1. PLACE OF DEATH
A. COUNTY **Gila**
C. CITY OR TOWN **Globe**

B. LENGTH OF STAY IN THE TOWN OF ARIZONA **8 hrs. & 15 min.**
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE **Arizona**
C. CITY OR TOWN **Miami**
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

REGISTRAR'S NO. **114**

3. NAME OF DECEASED (TYPE OR PRINT) **Darryl Clay**
B. (MIDDLE) **Clay**
C. (LAST) **Mills**

4. SEX **Male**
5. COLOR OR RACE **White**

D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS (IF RURAL, GIVE LOCATION)
235 Gov't Houses (Globe-Miami Hwy)

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Never Married**
7. DATE OF BIRTH (MONTH DAY YEAR) **Nov. 8 1953**
8. AGE (IN YEARS IF UNDER 1 YEAR; IF UNDER 24 HRS. DURING MOST OF LIFE, EVEN IF RETIRED).
DAYS **8** HOURS **8** MIN. **Infant**

9. USUAL OCCUPATION (GIVE KIND OF WORK)
Infant

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Arizona**
11. CITIZEN OF WHAT COUNTRY? **U.S.A.**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No

13. SOCIAL SECURITY NO. **None**

14A. FATHER'S NAME **Jack Mills**
14B. BIRTHPLACE (STATE OR COUNTRY) **Colorado**

15A. MOTHER'S MAIDEN NAME **Marie Euteniver**
15B. BIRTHPLACE (STATE OR COUNTRY) **Washington**

16. INFORMANT'S SIGNATURE **Darryl Mills**
17. DATE (MONTH DAY YEAR) OF DEATH **Nov. 9, 1953**

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
PREMATURE (5 1/2 mos.)

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) **Premature (5 1/2 mos.)**
ANTECEDENT CAUSES **DUE TO (B)**
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
DUE TO (C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (MINUTE) (SECOND) OF INJURY
11-8 2:55 A.M.

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **11-8 2:55** TO **11-9 5:30** THAT I LAST SAW THE DECEASED ALIVE ON **11-8 2:55** AND THAT DEATH OCCURRED AT **11-9 5:30** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **Darryl Mills** (DEGREE OR TITLE)
23B. ADDRESS **Globe, Arizona**
23C. DATE SIGNED **11/10/53**

24A. BURIAL CREMATION REMOVAL
24B. DATE **Nov. 9, 1953**
24C. NAME OF CEMETERY OR CREMATORY **Pinal Cemetery**
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Miami, Arizona**

25A. DATE REC'D BY LOCAL REG. **11-17-53**
25B. REGISTRAR'S SIGNATURE **Doene Mueller**
26. FUNERAL DIRECTOR'S SIGNATURE **Walter Miller**
27. EMBALMER'S SIGNATURE **Walter Miller**
CERT. NO. **24419**