

Dr. S. M. Miller

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5387 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1064

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).		REGISTRAR'S NO.		
1 44 OF DEATH ND 30 RESIDENCE	A. COUNTY Pima		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Tucson		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 75 yrs same		A. STATE Arizona B. COUNTY Pima	
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 870 E. 3rd Street		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson			
	3. NAME OF DECEASED (TYPE OR PRINT)		A. (FIRST) Lola May		B. (MIDDLE) Goodwin		C. (LAST) Perkins	
4. SEX Female		5. COLOR OR RACE White		6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH May 25 1875		
8. AGE 75		9. MONTHS 5		10. DAYS 24		11. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tucson, Ariz		11. CITIZEN OF WHAT COUNTRY? USA		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 Dr. Chas. F. Goodwin		14B. BIRTHPLACE (STATE OR COUNTRY) Cassville, Ga		15A. MOTHER'S MAIDEN NAME Petra Moreno		
15B. BIRTHPLACE (STATE OR COUNTRY) Ures, Son, Mex		16. INFORMANT'S SIGNATURE Mildred O Brazil		ADDRESS 870 E. 3rd		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov 19th, 1950		
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arterial Hypertension DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 15 years				
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 Nov 18 19 50 TO Nov 20 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON Nov 20 19 50 . AND THAT DEATH OCCURRED AT 4:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE S. M. Miller M.D.		23B. ADDRESS Tucson Arizona		23C. DATE SIGNED Nov 21-1950		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Nov. 24 1950		24C. NAME OF CEMETERY OR CREMATORY Holy Hope Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		
25A. DATE REC'D BY LOCAL REG. 11-22-50		25B. REGISTRAR'S SIGNATURE Harlan H. Baker		26. FUNERAL DIRECTOR'S SIGNATURE Reilly Funeral Home		ADDRESS Tucson, Ariz		
27. EMBALMER'S SIGNATURE Chris A. Reilly		27. EMBALMER'S SIGNATURE Chris A. Reilly		27. EMBALMER'S SIGNATURE Chris A. Reilly		CERT. NO. #216		