

1 PLACE OF DEATH
COUNTY OF ESERALDA

TOWN OF Millers
or
CITY OF _____

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

State Index No. _____
LOCAL REGISTERED NO. 196

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

(No. _____, St. _____, Ward _____)

2 Full Name Mary B. Childs (wife of Remus F. Childs)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word) Widow

6 DATE OF BIRTH Oct 14 1870
(Month) (Day) (Year)

7 AGE 63 yrs. 1 mos. 9 ds. If LESS than 1 day, _____ hrs., or, _____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Operating Boarding House
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ill.

10 NAME OF FATHER John L. Smith

11 BIRTHPLACE OF FATHER (State or country) ILL

12 MAIDEN NAME OF MOTHER Mary Gillespie

13 BIRTHPLACE OF MOTHER (State or country) England

13a LENGTH OF RESIDENCE
At place of Death _____ years, _____ months.
In Nevada _____ years, _____ months.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Childs

(Address) Millers Nev.

15 Filed _____, 1933.
Subregistrars.
Filed Dec 12, 1933, h. J. Pierrot
Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23 1933
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192 on Nov 23, 1933.

that I last saw her alive on Nov 23, 1933 and that death occurred on the date stated above at S. P. M.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease - long time

(Duration) _____ yrs., _____ mos., _____ ds.
Contributory Chronic Varicose phlebitis - long time
(Secondary)

(Duration) _____ yrs., _____ mos., _____ ds.
(Signed) R. R. Craig, M. D.
193 (Address) _____

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence _____ How long at _____ Place of Death _____ Days

Where was disease contracted, if not at place of death? _____

19 PLACE OF BURIAL OR REMOVAL Tonopah, Nevada DATE OF BURIAL Nov. 26 1933

20 UNDERTAKER F. J. Cavanaugh ADDRESS Tonopah Nevada