

2035

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

287  
346

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

County Yavapai District Crescent Town Crescent Or City Crescent

State Index No. \_\_\_\_\_  
County Registered No. 106  
Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

No. 337 do Cortez  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

**FULL NAME** William H. Mulvenon

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**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	Color or Race <u>White</u> <del>Indian</del> <del>Black</del> <del>Chinese</del> <del>Mexican</del>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>
DATE OF BIRTH <u>Dec 1851</u>	AGE <u>63</u> yrs. <u>0</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Retd. Mfg.</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Mass.</u>		
NAME OF FATHER <u>Hugh Mulvenon</u>		
BIRTHPLACE OF FATHER (State or country) <u>Mass.</u>		
MAIDEN NAME OF MOTHER <u>Ann King</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Mass.</u>		

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**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH May 26 1915  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 16 1915, to May 26 1915; that I last saw him alive on May 26 1915, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows:  
Chronic Brights Disease  
stroke (Duration) 3 yrs. 0 mos. 0 days.

Was disease contracted in Arizona? Yes  
If not, where? \_\_\_\_\_

CONTRIBUTORY Cardio-renal disease  
(Duration) 3 yrs. 0 mos. 0 days.

(Signed) W. H. Southworth (Address) Crescent, Ariz.  
May 27 1915

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE  
At place of death 23 yrs. 0 mos. 0 ds. In Arizona 0 yrs. 0 mos. 0 ds.

Former or Usual Residence  
Filed May 30 1915  
Filed 6/10 1915

Local Registrar Harry F. Southworth  
County Registrar Johann H. Hines

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THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Mulvenon  
(Address) Crescent, Arizona

PLACE OF BURIAL OR REMOVAL St. Vincent's cemetery DATE OF BURIAL OR REMOVAL May 31 1915  
UNDERTAKER Westerhoff and Sons ADDRESS Crescent, Ariz.