

CERTIFICATE OF DEATH

BIRTH NO. 04 65 CE OF DEATH 17 AND 97 AL RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Gila B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 8 days D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION San Carlos Indian Hospital		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Bylas D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation		3. NAME OF DECEASED A. (FIRST) Mrs. Ida J. Mull B. (MIDDLE) C. (LAST)		4. SEX female 5. COLOR OR RACE Indian	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH April DAY 28 YEAR 1929		8. AGE YEARS 22 MONTHS 11 DAYS 23		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife	
9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona, U.S.A.		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE BRANCH, GRADE, OR DATES OF SERVICE) NO		
14A. FATHER'S NAME Rudolph Jordan V		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Tessie Diamond		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
16. INFORMANT'S SIGNATURE Mrs. Ida J. Mull (husband)		ADDRESS Bylas, Ariz.		17. DATE OF DEATH (MONTH) April (DAY) 5 (YEAR) 1952 at 11:20 p.m.		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (1), (2), (3), (4). (a) Diarrhea 2nd and 3rd days 90% of body (b) (c)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19C. INTERVAL BETWEEN ONSET AND DEATH 8 days		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home		21C. (CITY OR TOWN) (COUNTY) (STATE) Bylas Graham Arizona		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) 3 28 1952 3A		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-28 TO 4-5 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 4-5 19 52 AND THAT DEATH OCCURRED AT 11:20 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE Robert E. Clark M.D.		23B. ADDRESS San Carlos Arizona		23C. DATE SIGNED 4-23-52		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE April 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Bylas Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bylas, Arizona.		
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE James Rudall		25C. REGISTRAR'S SIGNATURE James James Thacker		25D. ADDRESS Bylas, Arizona.		
26. FUNERAL DIRECTOR'S SIGNATURE James James Thacker		26. ADDRESS Bylas, Arizona.		27. EMBALMER'S SIGNATURE James James Thacker		27. CERT. NO. #323		

PRECEDENT
PERSONAL DATA
452

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

DEATH DUE TO INTERNAL VIOLENCE

MEDICAL CORONER'S NOTIFICATION

FUNERAL DIRECTOR AND REGISTRAR