1359

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 191

1. PLACE OF DEATH

County Maricopa State Arizona Registered No.

District or Township or Village or

City Phoenix No. Arizona State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Albert Mullenaux

(a) Residence, No. Mesa, Ariz St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years: 85 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant (Address)

15. Filed 2-8, 1928 Myrtle [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 8 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1928 to Feb. 8, 1928, that I last saw him alive on Feb. 8, 1928, and that death occurred, on the date stated above, at 4 25 P m. The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis

(duration) yrs. mos. ds.

18. Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H L Johnson, M. D. (Address) Phoenix, Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Safford Ariz.

DATE OF BURIAL

20. UNDERTAKER: W. A. Burton & Son

ADDRESS: Mesa. Ariz

FEB 15 1928

Ans. File

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U.S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or [illegible]

CIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on