9134

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 559

Registered No. 1004

1. PLACE OF DEATH

County Pima State Arizona

District or Township #12 or Village or

City Tucson No. Body found 6 miles north of St. Tucson Ward

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

2. FULL NAME Oral Leo Mize

(a) Residence. No. 336 Vine St. 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 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
M	white	married

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

6. DATE OF BIRTH (month, day and year) Dec 6, 1892

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
36	0	13	

8. OCCUPATION OF DECEASED

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

(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) Nebraska

PARENTS

10. NAME OF FATHER unknown

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 Mrs. O. L. Mize

(Address) 336 Vine St.

15. Filed 12/26, 1928 H. Alvin Hinnise Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (over) 12-19, 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Seen after death, 19 to 19,

that I last saw h alive on 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage (Pulmonary) from bullet wound (over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(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? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. R. Kroeger M.D., M. D.

(Address) Dec. 24. 28 Tucson, 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 Bisbee, Arizona

DATE OF BURIAL 12/25/28

20. UNDERTAKER Bing's Funeral Home

ADDRESS Tucson

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.