

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully 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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 78

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 93
 TOWNSHIP Yuma OR VILLAGE _____
 CITY _____ OR _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ ST. _____
 IN CITY OR TOWN WHERE DEATH OCCURRED. YRS. 4 MOS. _____ DS. _____
 2. FULL NAME Mildred Packer HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. #1 Broad St. Claypool ST. _____ HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 22 MOS. _____ DS. _____
 (USUAL PLACE OF ABODE) _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>22</u>	<u>10</u>	<u>5</u>	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Miner

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Demid (STATE OR COUNTY) Arizona

FATHER

13. NAME J. E. Packer

14. BIRTHPLACE (CITY OR TOWN) Phoenix City (STATE OR COUNTY) Arizona

MOTHER

15. MAIDEN NAME Lily M. Packer

16. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTY) Utah

17. INFORMANT (ADDRESS) Mrs. J. E. Packer

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Dec 9, 1936

19. EMBALMER LICENSE NO. 2276 SIGNATURE [Signature] FUNERAL DIRECTOR [Signature] ADDRESS [Address]

20. FILED Dec 8, 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Dec. 7, 1936 TO Dec 7, 1936

I LAST SAW HIM ALIVE ON Dec. 7, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:07 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Fracture of the skull with hemorrhage into the brain. Injury to one of both kidneys accompanied by hemorrhage.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Nothing found.

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? X-ray WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) OR IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? No DATE OF INJURY 7, 1936

WHERE DID INJURY OCCUR? Claypool Arizona (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Automobile on a public road

MANNER OF INJURY Struck by automobile

NATURE OF INJURY Fracture of skull injury kidneys

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY (SIGNED) [Signature] M. D. (ADDRESS) [Address]

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION