

1640

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS STATE FILE NO. 103

1. PLACE OF DEATH COUNTY Maricopa STATE ARIZONA REGISTERED NO. 99
TOWNSHIP Miami OR VILLAGE _____ CITY Miami ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) Miami Hosp

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 4 YRS. 11 MOS. 1 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME James R. Mullaley HOW LONG IN STATE WHERE DEATH OCCURRED? 11 YRS. _____ MOS. _____ DS.
(A) RESIDENCE NO. 420 Warner Sedley WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 29, 1936</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>12-16-36</u> , 19 <u>36</u> , TO <u>12-29-36</u> , 19 <u>36</u> . I LAST SAW HIM ALIVE ON <u>12-29-36</u> , 19 <u>36</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4 P.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Acute Appendicitis - Gastrointestinal Obstruction Cardiac Embolus.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Mullaley</u>				DATE OF ONSET _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 1901</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
7. AGE	YEARS <u>35</u>	MONTHS <u>10</u>	DAYS <u>20</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Sheet Boss</u>				NAME OF OPERATION <u>Appendectomy</u> DATE OF WHAT TEST <u>12-16-36</u> CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>(u)</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>None</u>					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Naughton Mich</u>						
FATHER	13. NAME <u>Thomas Mullaley</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>						
MOTHER	15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>						
17. INFORMANT <u>Nellie Mullaley</u> (ADDRESS) <u>420 Warner Sedley</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crem</u> DATE <u>12-31, 1936</u>						
19. EMBALMER (LICENSE NO. <u>2714</u>) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>Maria Martinez</u> ADDRESS <u>Miami, Arizona</u>						
20. FILED <u>Jan 5, 1936</u> REGISTRAR <u>[Signature]</u>						
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____ MANNER OF INJURY _____ NATURE OF INJURY _____						
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY (SIGNED) <u>S. C. Harris</u> M. D. (ADDRESS) <u>Miami, Arizona</u>						

FORM 1-25-28—FORM 3—100% RAG BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION