

2266

San Carlos Agency

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

65

### 1. PLACE OF DEATH

County Gila State Arizona Registered No. \_\_\_\_\_  
 Township On reservation with medical care or Village San Carlos  
 City \_\_\_\_\_ No. San Carlos Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution give its name instead of street and number)  
 Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

### 2. FULL NAME Mull, Clara

(a) Residence: No. San Carlos, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>4/4 Apache</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5a. If married, widowed, or divorced HUSBAND of <u>Mull, Johnson</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <b>? ? 1885</b>		
7. AGE Years <b>54</b>	Months <b>?</b>	Days <b>?</b> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>		11. Total time (years) spent in this occupation <b>?</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Own home</b>		
10. Date deceased last worked at this occupation (month and year) <b>April 1939</b>		
12. BIRTHPLACE (city or town) <u>San Carlos, Arizona.</u> <small>(State or country)</small>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) <u>Unknown</u> <small>(State or country)</small>		
15. MAIDEN NAME _____		
16. BIRTHPLACE (city or town) _____ <small>(State or country)</small>		
17. INFORMANT <u>Hospital, San Carlos, Arizona</u> <small>(Address)</small>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Arizona</u> Date <u>April 19th 39</u>		
19. UNDERTAKER <u>Family</u> <small>(Address)</small> <u>San Carlos, Arizona</u>		
20. FILED <u>April 26th 39</u> <small>Registrar</small> <i>[Signature]</i>		

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **April 18th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 18th, 1939**, to **April 18th, 1939**  
 I last saw her alive on **April 18th, 1939**; death is said to have occurred on the date stated above, at **8:15 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Burns, fire, 2nd, and 3rd, degree, entire back, abdomen, chest, neck, face, both thighs and arms.**

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) *[Signature]* M. D.  
 (Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

9-9007  
V. S. No. 38

**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. See instructions on back of certificate.**