

2036

E---On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS 48

1. PLACE OF DEATH

County Gila State Arizona Registered No.
Township On reservation with medical care village San Carlos
City No. No hospital St. Ward

2. FULL NAME Mull, Wilson

(a) Residence: No. San Carlos, Arizona St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1894

7. AGE Years 45 Months 11 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Cattle -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Man. Reservation, San Carlos, Ariz.

10. Date deceased last worked at this occupation (month and year) 2-1939 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) San Carlos, (State or country) Arizona

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT George Mull (brother) (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place: San Carlos, Ariz. Date: Oct. 6th, 1939

19. UNDERTAKER License 10-A, Fred H. Jones, (Address) Globe, Arizona

20. FILED NOV. 4th, 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24th 1939 to Oct. 4th 1939 I last saw him alive on Oct. 4th 1939 death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows: Tuberculosis, pulmonary, far advanced

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 1939

Where did injury occur? 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) Robert H. Cunningham M. D. (Address) San Carlos, Arizona

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.