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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.

SOCIAL SECURITY NO. _____
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Yavapai State ARIZONA State File No. 499
 Township _____ or Village _____ Registered No. 106R
 City Prescott No. Mercy Hospital or _____ 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 50 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Sam Jimulla How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: Camp Yavapai, Prescott, Ariz. (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE Viola Jimulla
 6. DATE OF BIRTH (month, day, and year) About 1877
 7. AGE Years 63 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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 Country) San Carlos Arizona
 13. NAME Unknown
 14. BIRTHPLACE (city or town) (State or Country) Unknown Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (city or town) (State or Country) Unknown Unknown
 17. INFORMANT Lucy Jimulla
 (Address) Camp Yavapai, Prescott, Ariz
 18. BURIAL Prescott, Arizona Date 5/25/1940
 Place Prescott, Arizona
 19. EMBALMER { License No. 221-A
 FUNERAL DIRECTOR { Signature C. E. Hunter
C. E. Hunter
 Address Prescott, Arizona.
 20. Filed May 24, 1940 Registrar P. M. McTalley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 18, 1940 to May 21, 1940
 I last saw him alive on May 21, 1940 death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Accumulation of Sinus with slight congestion Date of Onset 5/18/40
Continuum of Chest & Abdomen Swere 5/18/40
Just prior to death 5/21/40
 Other contributory causes of importance: Hemorrhage & cause 5/21/40
 Name of operation Ac. Intestine Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 5/18/40
 Where did injury occur? Near Prescott, Yavapai Co., Ariz
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place Near home
 Manner of injury Fall from horse
 Nature of injury Head, chest & abdomen
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) P. M. McTalley M. D.
 (Address) Prescott, Ariz.