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E---On R.

San Carlos Agency  
ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

121

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No.

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location No hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community life 1/yr.; In Arizona life 1/yr.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Gerald Mahsill (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Male 5. Color or Race 4/4 Apache 6. (a) Single, married, widowed, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased October 26, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 2 0 hrs. min.

9. Birthplace San Carlos, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business \_\_\_\_\_

Father { 12. Name Gerhard Mahsill  
13. Birthplace San Carlos, Arizona  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Emma Smith  
15. Birthplace Hilltop Gila, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Gerhard Mahsill  
(b) Address San Carlos, Arizona

17. (a) Burial, ~~cremation or removal~~ Burial  
(b) Place San Carlos, Ariz. (c) Date Dec. 26, 1941

18. (a) Embalmer's Signature None  
(b) Funeral Director Fred H. Jones,  
Globe, Arizona.  
(c) Address \_\_\_\_\_

19. (a) January 5, 1942  
(Date received local Registrar)  
(b) Robert W. Cunningham  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 25, 1941  
TIME (Hour and minute) 7:00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation  
(over)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
6 months.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Robert W. Cunningham M.D.  
Address San Carlos, Arizona Date signed 1-5-42