

7262

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

94

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M.I. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; In Arizona 3 days  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)

(d) Street No. Robert St. Central Heights

3. (a) FULL NAME Clarence Edgar Mitchell (b) If veteran name war. 159 (c) If foreign born, in U. S. A. \_\_\_\_\_ yrs. (c) Social Security No. \_\_\_\_\_ (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed <u>Divorced</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 14 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 hrs. min.

9. Birthplace Miami Ariz.  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

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

Father { 12. Name Clarence Roy Mitchell  
13. Birthplace Laurel Oklahoma  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Catherine Bell  
15. Birthplace Hamling New Mex.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Clarence Roy Mitchell  
(b) Address Central Heights

17. (a) Burial, Cremation or Removal Burial  
(b) Place Paradise (c) Date 6-15 1942

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_

19. (a) June 26-42 (Date received (local Registrar))  
(b) Nelson D. Grayton (Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) June 16 1942; TIME (Hour and minute) 11:30 P.M.

21. I hereby certify that I attended the deceased from June 14 1942 to June 16 1942 that I last saw him alive on June 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
respiratory failure

Due to Pulmonary edema  
(Premature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Lee Gray M. D.  
Address Miami, Ariz. Date signed June 26, 1942

DURATION	<u>2 days</u>
PHYSICIAN	Underline the cause to which death should be charged statistically.