

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 299  
Registrar's No. 68 65

1. Place of Death: (a) County Mohave (b) City or Town Bullhead City Lee's Camp (c) Location \_\_\_\_\_  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 wks (Specify whether years, months or days); in Arizona 30 yrs  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami  
(d) Street No. 428 Peppy Ave; (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Felix Oskar Harkula (b) If Veteran name war no Social Security No. 526-03-5047

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced \_\_\_\_\_  
6. (b) Name of husband or wife Elina Harkula 6. (c) Age of husband or wife, if alive 55 yrs.  
7. Birthdate of deceased February 24, 1888  
8. AGE: Years 54 Months 8 Days 2 If less than one day hrs \_\_\_\_\_ min \_\_\_\_\_  
9. Birthplace Finland (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_  
10. Usual Occupation Carpenter or Miller  
11. Industry or Business Bldg & Mining  
12. Name Not known  
13. Birthplace \_\_\_\_\_ (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_  
14. Maiden Name Not known  
15. Birthplace \_\_\_\_\_ (City, town or county) \_\_\_\_\_ (State or Country) \_\_\_\_\_

16. (a) Informant's own signature Matt O. Harkula  
(b) Address Kingman, Arizona  
17. (a) Burial, Cremation or Removal Buried  
(b) Place Kingman (c) Date Oct 30, 1942  
18. (a) Embalmer's Signature Thomas Flynn #257-A  
(b) Funeral Director Van Matre Mortuary  
(c) Address Kingman, Ariz.  
19. (a) Oct. 28, 1942  
(b) Mae Emeny  
(Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 26, 1942  
TIME (Hour and minute) \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death This man died suddenly alone -  
Due to Cardiac disease of undetermined nature  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

  

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 L. P. Shields M. D. 10/27/42  
Address County Health Officer Kingman Arizona