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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 106

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

(d) Length of Stay: In Hospital or Institution 1 day; In Community life; in Arizona life 69 yrs.
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (yes or No) no

3. (a) FULL NAME Mary Mull (b) If Veteran name war _____
 If Yes, which country _____ Social Security No. none
(If NONE write the word)

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

6. (b) Name of husband Johnson Mull 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 69 ? Months ? Days ? If less than one day hrs. _____ min. _____

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

10. Usual Occupation Hswf.

11. Industry or Business Own home

12. Name Unknown

13. Birthplace "
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace "
(City, town or county) (State or Country)

16. (a) Informant's own signature Jessie E. Bird-
 (b) Address San Carlos, Ariz. daughter

17. (a) Burial, Cremation or Removal Burial

(b) Place Peridot, Ariz. (c) Date 3-27 19 43

18. (a) Embalmer's Signature none

(b) Funeral Director none

(c) Address none

19. (a) 3-26-43
(Date received local Registrar)

(b) Joseph L. Sachtle m.d.
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 26, 1943;
 TIME (Hour and minute) 12:15 P. M.

21. I hereby certify that I attended the deceased from Mar. 25, 1943 to Mar. 26, 1943;
 that I last saw her alive on March 26, 1943;

and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage

DURATION
24 hrs.

PHYSICIAN
 Underline the cause to which death should be charged statistically

Due to _____
 Due to _____
 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 Joseph L. Sachtle M. D.
 Address San Carlos, Ariz. Date signed 3-26-43

San Carlos Res., San Carlos Agency, San Carlos, Arizona