

2170

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 135
Registrar's No. 42

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 61 yrs; In Arizona 61 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford
(If outside city limits, also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Mary Idora Mullenaux (b) If veteran _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Wm. H. Mullenaux 6. (c) Age of husband or wife, if alive 69 yrs.
7. Birthdate of deceased July 22 1875
(Month) (Day) (Year)
8. AGE: Years 77 Months 9 Days 15 If less than one day hrs. _____ min. _____
9. Birthplace Arkansas
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
12. Name Robert Holding
13. Birthplace Arkansas, Ga.
(City, town or county) (State or Country)
14. Maiden Name Mary R. Talley
15. Birthplace Tenn.
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 7, 1943;
TIME (Hour and minute) 1-5 P. M.
21. I hereby certify that I attended the deceased from Nov., 1941 to May 7, 1943
that I last saw her alive on May 7, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Sepsis
Due to Endarteritis obliterans
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 3 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Catherine Mullenaux
(b) Address Safford, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Graham (c) Date May 8, 1943
18. (a) Embalmer's Signature _____
(b) Funeral Director H. E. Rausay
(c) Address Safford Ariz
19. (a) June 9th 1943
(Date received local Registrar)
(b) J. M. Stratton
(Registrar's Signature)

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? _____ (a) Means of injury _____
23. Signature G. H. Langdon M. D.
Address 5710/43 Safford, Ariz