

4983

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 85

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. 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 3 mo; in Arizona 3 mo  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 13 Trailer Camp; (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Geneva Mahoney (b) If Veteran name war No (c) Social Security No. None

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant

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

7. Birthdate of deceased July 1 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 0 5 hrs. min.

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

10. Usual Occupation None

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

12. Name Ref Mahoney

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

14. Maiden Name Dorothy C. Carson

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

16. (a) Informant's own signature Ref J Mahoney

(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Parial (c) Date Oct. 6 1943

18. (a) Embalmer's Signature J. Neg Miles Jr

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz

19. (a) October 10, 1943  
(Date received local registrar)  
(b) Nelson D Brayton  
(Registrar's Signature)

Nelson D Brayton  
County File No. \_\_\_\_\_

20M 100% Rag 8-42 B. Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 5 1943  
TIME (Hour and minute) 10:00 P M

21. I hereby certify that I attended the deceased from Oct 5 1943 to Oct 5 1943  
that I last saw h. er alive on Oct 5 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Respiratory Failure

Due to malnutrition

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Neg Miles Jr M. D.

Address Miami, Ariz Date signed 10/8/43

DURATION  
2 mos  
PHYSICIAN  
Underline the cause to which death should be charged statistically

Received \_\_\_\_\_