

1602

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 178
Registrar's No. 104

1. Place of Death: (a) County Gila (b) City or Town Miami-Rural (c) Location Apache Trail
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 4 years; in Arizona 4 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Street No. Apache Trail--Indian Settlement; (e) Citizen of foreign country (yes or No) No.
3. (a) FULL NAME Mabel Randall (b) If Veteran name war No. (c) Social Security No. No.

4. Sex Female 5. Color or Race Indian 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband wife 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Oct. 15 1939
(Month) (Day) (Year)
8. AGE: Years 4 Months 4 Days 13
If less than one day hrs. _____ min. _____

9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Infant, Child
11. Industry or Business _____
12. Name Alfonso Randall
13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
14. Maiden Name Helen Brad (Randall)
15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Alfonso Randall
(b) Address Apache Trail--Miami-Rural

17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos, Ariz (c) Date 2/28/ 19.44.
18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami, Arizona
19. (a) March 9, 1944
(Date received local Registrar)
(b) Alison D. Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb 27 19 44
TIME (Hour and minute) 6:30
21. I hereby certify that I attended the deceased after death
_____ 19 _____ to on Feb 27 19 44
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death Measles
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
6 days
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 Alison D. Grayson
Address Miami Date signed Feb 28 1944