

2344

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
E. on R. DIVISION OF VITAL STATISTICS

State File No. 110

Registrar's No.

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 Life; In Community Life; In Arizona Life  
(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. 35 (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Lillian Mason (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Race White  Indian  Negro   Oriental

6. (a) Single, married, widowed or divorced Single (b) (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Jan 7 41  
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 15 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation None

11. Industry or Business None

12. Name Lemens Mason  
13. Birthplace San Carlos Arizona  
(City, town or county) (State or Country)

14. Maiden Name Helen Mahsill  
15. Birthplace San Carlos Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Lemens Mason  
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place San Carlos (c) Date 3-23-1944

18. (a) Embalmer's Signature None  
(b) Funeral Director None  
(c) Address None

19. (a) 3-23-44  
(Date received Log) Registrar  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-22-44 19\_\_\_\_ M.  
TIME (Hour and minute) 6:30 P.M.

21. I hereby certify that I attended the deceased from 3-18-44, 19\_\_\_\_ to 3-22-44, 19\_\_\_\_  
that I last saw h. ET alive on 3-22-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

Due to Pneumonia Lobular

Due to Measles (Rubeola)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION	PHYSICIAN

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

23. Signature [Signature] M. D.  
Address San Carlos, Arizona Date signed 4-3-44

San Carlos Reservation, San Carlos Agency, San Carlos, Arizona