1424

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 152
Registrar's No. 1037

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Arizona State Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 yrs. 6mos. 18 days In Community 12 yrs. (Specify whether years, months or days); In Arizona 12 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. Not given; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME WILLIAM MAULTHROP (b) If Veteran name war (c) Social Security No.

4. Sex M
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced not known. Has been married
6. (b) Name of husband or wife Not known
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased November 8, 1854 (Month) (Day) (Year)
8. AGE: Years 87 Months 6 Days 28 If less than one day hrs. ..... min. .....
9. Birthplace St. Charles (City, town or county) Missouri (State or Country)
10. Usual Occupation sailor
11. Industry or Business
Father 12. Name not known
13. Birthplace " " (City, town or county) (State or Country)
Mother 14. Maiden Name Not known
15. Birthplace " " (City, town or county) (State or Country)
16. (a) Informant's own signature Arizona State Hospital
(b) Address Phoenix, Arizona Records
17. (a) Burial, Cremation or Removal Burial
(b) Place Army State Hosp. (c) Date 6-14 1944
18. (a) Embalmer's Signature Vernon W. ~~J. M. Morton~~
(b) Funeral Director Arizona State Hos
(c) Address Phoenix Arizona
19. (a) June 15 - 1944 (Date received Local Registrar)
(b) Dr Robert J Hughes (Registrar's Signature) M. M.

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 6th, 1944;
TIME (Hour and minute) 5:40 a.m. M.
21. I hereby certify that I attended the deceased from September 21, 1943 to June 6, 1944, 19 ; that I last saw him alive on June 5, 1944, 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis generalised associated with chronic nephritis and hypertension
Due to aggravated by accidental burns.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

DURATION 4 hours

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) accident
(b) Date of occurrence June 6 1944
(c) Where did injury occur? Army State Hospital (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Army State Hosp. (Specify type of place)
While at work? No (e) Means of injury accidental burned.
23. Signature Edward Blank M. D.
Address EDWARD BLANK, M.D. Date signed June 6, 1944
Arizona State Hospital
PHOENIX, ARIZONA