

2496

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 81  
Registrar's No. 94  
Gila Gen. Hosp.  
(St. & No. (or) Name of Institution)  
4 days  
In Arizona 4 days

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 Days; In Arizona 4 days  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Young  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Mildred Mullins (b) If Veteran name war. 157 (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Race White  Indian  Negro  Oriental  White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased August 8th 1944  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 4 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_

Father { 12. Name Paul Mullins  
13. Birthplace Fort Cobb, Oklahoma  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mildred Caroline Hefley  
15. Birthplace Mt. Julia, Arkansas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Paul Mullins  
(b) Address Young, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Young, Arizona (Date) 8/13/44

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) Aug. 27 1944  
(Date received Local Registrar)  
(b) Doree Wansler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 12th 1944  
TIME (Hour and minute) 10:30 PM M.

21. I hereby certify that I attended the deceased from August 9, 1944 to August 12, 1944; that I last saw her alive on August 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (6 months fetus) DURATION 3 days

Due to \_\_\_\_\_  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Adrian E. Clark M. D.  
Address Globe, Arizona Date signed 8-27-44