

2386

SOCIAL SECURITY NO.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No.

72

1. PLACE OF DEATH E. on R.
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____ or
 City San Carlos No. San Carlos Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. / if of foreign birth? ... yrs. ... mos. ... ds.
 2. FULL NAME Alvin Mull How long in State when death occurred? Lifes. ... mos. ... ds.
 (a) Residence: Bylas, Arizona ; _____ (If non-resident give city or town and state)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) 7-31-44
 7. AGE Years _____ Months 5 Days 20 If LESS than 1 day, ... hrs. or ... min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) Bylas, (State or Country) Arizona
 13. NAME Melvin Mull
 14. BIRTHPLACE (city or town) Bylas (State or Country) Arizona
 15. MAIDEN NAME Amelia Kindelay
 16. BIRTHPLACE (city or town) Bylas (State or Country) Arizona
 17. INFORMANT Census book (Address) _____
 18. BURIAL, CREMATION, OR REMOVAL Burial Place Bylas, Arizona Date 1-21, 19.45
 19. EMBALMER { License No. None Signature _____ }
 FUNERAL DIRECTOR { Signature _____ }
 Address _____
 20. Filed 1-20-45, 19. _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20 1945
 22. I HEREBY CERTIFY, That I attended deceased from January 8, 1945 to January 20, 1945.
 I last saw him alive on January 20, 1945, death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Meningitis (Tuberculosis) Date of Onset 2 wks.
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19. _____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. D. Smith M. D.
 (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. San Carlos Agency, San Carlos, Arizona