

1320

SOCIAL SECURITY NO.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No.

74

1. PLACE OF DEATH E. on R.

County Gila State ARIZONA Registered No.
Township or Village
City San Carlos No. St. Ward

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah D. Mallow How long in State when death occurred? 36 yrs. mos. ds.

(a) Residence: San Carlos, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Mallow

6. DATE OF BIRTH (month, day, and year) ? ? 1909

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 36 ? ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Carlos, Arizona (State or Country)

13. NAME Charlie Donald

14. BIRTHPLACE (city or town) San Carlos Arizona (State or Country)

15. MAIDEN NAME Jene (Unknown)

16. BIRTHPLACE (city or town) San Carlos Arizona (State or Country)

17. INFORMANT Marshall Mallow (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial Place: Peridot, Arizona Date: 4-7-1945

19. EMBALMER License No. None Signature

FUNERAL DIRECTOR Address

20. Filed 4-9-45 19 Registrar

21. DATE OF DEATH (month, day, and year) 4-6-1945

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19; death is

said to have occurred on the date stated above, at 3:00 p.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Far advanced Date of Onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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.

(Address) San Carlos, Arizona

Every item of RECORD. PHYSICIANS 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.