

1281

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1783
Registrar No. 72

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Loop Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 29 yrs.; In Arizona 29 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 3011 Latham Blvd.; (e) Citizen of foreign country (Yes or No) No.
3. (a) FULL NAME William Hudi Mason (b) If Veteran World War I (c) Social Security No. 700-12-4289

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced

5. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife, if alive 24 yrs.

7. Birthdate of deceased August 25 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 27 If less than one day
hrs. min.

9. Birthplace unknown Kentucky
(City, town or county) (State or Country)

10. Usual Occupation Chief Clerk

11. Industry or Business St. Pacific Railroad

12. Name J. W. Mason

13. Birthplace unknown Tenn.
(City, town or county) (State or Country)

14. Maiden Name Sarah Mason

15. Birthplace unknown Tenn.
(City, town or county) (State or Country)

16. (a) Informant's town signature William Mason
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Kentucky (c) Date Nov 25 1946

18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami, Arizona

19. (a) November 24 1946
(Date received Local Registrar)
(b) Alton D. Prayter
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 22 1946
TIME (Hour and minute) 6:05 P M.

21. I hereby certify that I attended the deceased from Oct 30 1946
to Nov 22 1946, 1946
that I last saw him alive on Nov 22 1946, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococemia

Due to Streptococcus lone throat

Due to alternating colitis & paratyphoid

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION 2 mos Nov 3

5 days

glucos

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)

(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 William Mason M. D.
Address Miami Date signed Nov 24 1946