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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 108
Registrar's No. _____

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M.I. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 18 da; in Community 27 yrs.; In Arizona 27 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 1115 Bird St. (a) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Pilomena Fuller Mawson (b) If Veteran name war. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 29, 1947
TIME (Hour and minute) 11:00 A.M.

21. I hereby certify that I attended the deceased from 1-13-47
to 1-29-47, 19____; that I last saw hER alive on 1-24-47, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Renal hypertension
following hypercalcemia

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION 5 day

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 fall

23. Signature [Signature] Date signed 2-8-47 M. D.

Address [Address]

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

6. (b) Name of husband or wife W.D. Mawson 6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased Nov. 28 1900
(Month) (Day) (Year)
8. AGE: Years 46 Months 2 Days 1 hrs. _____ min _____
If less than one day

9. Birthplace Chinipas Chihuahua Mex.
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name Sylvester H. Fuller

13. Birthplace Wilmington N.C.
(City, town or county) (State or Country)

14. Maiden Name Pilomena Lagarda

15. Birthplace Chinipas Chihuahua Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature W.D. Mawson

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Parish Cem. (c) Date Feb 1 1947

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz.

19. (a) 2/18/47 Date received Local Registrar

(b) [Signature] (Registrar's Signature)