2270

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 5

Registrar's No.

1. Place of Death: (a) County Apache (b) City or Town Springerville (If outside city limits also write RURAL) (c) Location White Mt. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 69 Years (Specify whether years, months or days); In Arizona 69 Years

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

(d) Street No. none; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Marcellus Hulsey (b) If Veteran name war none (c) Social Security No. none

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased May 10, 1870 (Month) (Day) (Year)

8. AGE: Years 77 | Months 3 | Days 17 | If less than one day hrs. ....min....

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

10. Usual Occupation Rancher

11. Industry or Business

Father: 12. Name John L. Hulsey; 13. Birthplace Unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Minerva Stone; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Howard Hulsey
(b) Address Eagar, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Springerville (c) Date 9-8-47 19....

18. (a) Embalmer's Signature Dan B. Nettz
(b) Funeral Director Dan B. Nettz
(c) Address Springerville, Arizona.

19. (a) 9-8-47 (Date received Local Registrar)
(b) Mrs H H Austin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 7, 1947;
TIME (Hour and minute) 1:00 A.M. M.

21. I hereby certify that I attended the deceased from Aug 10, 1947 to Sept. 7, 1947; that I last saw him alive on Sept. 7, 1947; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Shock, anemia	7 hours
Due to Hemorrhage from teeth sockets.	4 days
Due to Teeth extractions.	
Other conditions Mitral valvular disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Ellis V. Browning M. D.
Address Springerville, Ariz. Date signed 7 Sept. '47

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