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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 4804

1. Place of Death: (a) County Pinal (b) City or Town Mammoth (c) Location Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 16 years; In Arizona 16 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Mammoth
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) U.S.A.
If Yes, which country _____
3. (e) FULL NAME Joseph Dietrich (b) If Veteran name war Unknown (c) Social Security No. Unknown

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years 82 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Tyrol Austria
(City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business Mining
Father { 12. Name Unknown
13. Birthplace _____
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Robt. Patterson
(b) Address Mammoth, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Winkelman, Ariz. Date July 14 48
18. (a) Embalmer's Signature J. L. Shelton
(b) Funeral Director J. L. Shelton
(c) Address Winkelman, Arizona
19. (a) July 14, 1948
(Date received Local Registrar)
(b) Joshua O. Ward, Jr.
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 14 July, 19 48;
TIME (Hour and minute) 1:00 P.M. approximately M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Unknown
Natural Death
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy _____
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 Joshua O. Ward, Jr. M. D.
Address Tiger, Arizona Date signed 7/14/48

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically