

2228

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

4596

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 40

1. Place of Death: (a) County Pima (b) City or Town Ajo (c) Location Govt. Proj. Unit 14
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 9mos.; In Arizona 3yrs.
(Specify whether years, months or days)

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

(d) Street No. Govt. Project Unit 14 (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Andrew Bradlinski (b) If Veteran name war land 2 (c) Social Security No. 074-12-7367

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

6. (b) Name of husband or wife Thelma Victor 6. (c) Age of husband or wife, if alive - yrs.

7. Birthdate of deceased Sept. 12-1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 16 If less than one day hrs. min.

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

10. Usual Occupation Painter

11. Industry or Business _____

Father { 12. Name Unknown Josef Bradlinski
13. Birthplace Unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Salomej Unknown Kondrej
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Relatives
(b) Address Ajo, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Ajo, Ariz. (c) Date 8-30-48

18. (a) Embalmer's Signature J.T. Mc Carthy
(b) Funeral Director J.T. Mc Carthy
(c) Address Ajo, Arizona

19. (a) August 30 1948
(Date received Local Registrar)
(b) Beide Crunk
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 28, 1948
TIME (Hour and minute) 12:20 P.M.

21. I hereby certify that I attended the deceased from Aug 28, 1948 to Aug 28, 1948
that I last saw him alive on discuss Aug 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Disease
Arricular Fibrillation
Due to Alcoholism acute

Due to _____
Other conditions (Include pregnancy within three 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 Frank A. Miller M. D.
Address Ajo Ariz Date signed Aug 30, 1948