

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1807

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 28

DEATH IDENTICE	1. PLACE OF DEATH A. COUNTY Gila			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pinal			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Rural)			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 - 4 yrs			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Highway 70 - 17 miles East of Globe			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 48 Magma Alley			
AGE SEX RACE	3. NAME OF DECEASED (TYPE OR PRINT) James M. Mitchell			4. SEX male	5. COLOR OR RACE white		
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH May (unknown) 1929		8. AGE 20 YEARS 11 MONTHS 1 DAY	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer	
	9B. KIND OF BUSINESS OR INDUSTRY Coppermine		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico		11. CITIZEN OF WHAT COUNTRY? USA		
	14A. FATHER'S NAME John Mitchell		14B. BIRTHPLACE (STATE OR COUNTRY) New Mexico		15A. MOTHER'S MAIDEN NAME Reyes Madril		
	16. INFORMANT'S SIGNATURE Joe Mitchell		ADDRESS Superior, Arizona		17. DATE OF DEATH (MONTH) April , (DAY) 8 , (YEAR) 1950		
CAUSE OF DEATH	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.					MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Skull Fracture					INTERVAL BETWEEN ONSET AND DEATH	
	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)						
OPERATION DATE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway 70		21C. (CITY OR TOWN) (COUNTY) (STATE) Hgh. Gila Arizona		
INJURY TIME	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY April 8 1950 5:30 PM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Automobile Accident		
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____ AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
SIGNATURE OF REGISTRAR	23A. SIGNATURE (DEGREE OR TITLE) Chas. Shute			23B. ADDRESS Box 211 Globe, Arizona		23C. DATE SIGNED 4-10-50	
	24A. BURIAL <input type="checkbox"/> CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE April 9 - 1950		24C. NAME OF CEMETERY OR CREMATORY Superior Cemetery		
LOCAL REG.	25A. DATE REC'D BY LOCAL REG. 4-10-50		25B. REGISTRAR'S SIGNATURE Jesse Wauchoe		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank S. Gray Globe, Ariz.		
					27. EMBALMER'S SIGNATURE Frank S. Gray CERT. NO. 248-A		