

Harris

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5543

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 60

04 04
OF DEATH 71
AND
1902
RESIDENCE
5

1. PLACE OF DEATH
A. COUNTY *Dea*
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) *Miami*
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) *4 1/2 yrs. 4 1/2 yrs.*
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) *Miami Inspection Hospital*

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE *Arizona* B. COUNTY *Dea*
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) *Miami Rural*
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *3015 Montana Ave. Rural*

11
CEDENT
PERSONAL
DATA
76
6
W.D.

3. NAME OF DECEASED
A. (FIRST) *August* B. (MIDDLE) *Mulligan* C. (LAST) *Mulligan* 4. SEX *Male* 5. COLOR OR RACE *White*
6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED 7. DATE OF BIRTH MONTH DAY YEAR *Sept 30 1873* 8. AGE YEARS MONTHS DAYS *76 11 23* 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). *Carpenter*
9B. KIND OF BUSINESS OR INDUSTRY *Retired Carpenter* 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Massami* 11. CITIZEN OF WHAT COUNTRY? *U.S.* 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *no no* 13. SOCIAL SECURITY NO. *527-22-5526*
14A. FATHER'S NAME *Peter Henry Mulligan* 14B. BIRTHPLACE (STATE OR COUNTRY) *Ireland* 15A. MOTHER'S MAIDEN NAME *Henrietta Kunze* 15B. BIRTHPLACE (STATE OR COUNTRY) *Germany*
16. INFORMANT'S SIGNATURE *Kate Mulligan* ADDRESS *3015 Montana Ave.* 17. DATE OF DEATH (MONTH) (DAY) (YEAR) *Sept 23, 1950*

CAUSE OF DEATH (TEM 18)

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 CONTRACTED.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) *Anemia*
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) *Chronic nephritis*
RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) *Chronic nephritis*
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. *Chronic nephritis*
INTERVAL BETWEEN ONSET AND DEATH *2 weeks*

OPERATIONS, AUTOPSY
DEATH DUE TO FATAL EVENT
MEDICAL PROFESSIONER'S CERTIFICATION

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Sept 18, 1950* TO *Sept 23, 1950*. THAT I LAST SAW THE DECEASED ALIVE ON *Sept 23, 1950*, AND THAT DEATH OCCURRED AT *7:00 P.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) *R. Harris M.D.* 23B. ADDRESS *Miami, Ariz.* 23C. DATE SIGNED *Sept 25, 1950*

FINAL DIRECTOR AND REGISTRAR

24A. BURIAL CREMATION REMOVAL 24B. DATE *Sept. 24, 1950* 24C. NAME OF CEMETERY OR CREMATORY *Pinial Cemetery* 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) *Miami Ariz.*
25A. DATE REC'D BY LOCAL REG. *0085 1950* 25B. REGISTRAR'S SIGNATURE *Richard P. Boyer* 26. FUNERAL DIRECTOR'S SIGNATURE *John J. Miller* ADDRESS *249*
27. EMBALMER'S SIGNATURE *John J. Miller* CERT. NO. *249*