

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 19

4 OF DEATH AND RESIDENCE 00	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE California B. COUNTY	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Roosevelt (rural)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Carmel	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 15 miles north of Roosevelt, Ariz.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) P. O. Box 2372	

EDENT SONAL ATA/23 X V5/	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) RICHARD B. (MIDDLE) JAMES C. (LAST) MULLHOLLAND			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED (NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Aug DAY 26 YEAR 1928	8. AGE YEARS 23 MONTHS 4 DAYS 4	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). MR3 - U. S. Navy		
	9B. KIND OF BUSINESS OR INDUSTRY U. S. Navy	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Unknown	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) yes	13. SOCIAL SECURITY NO. Unknown	
	14A. FATHER'S NAME Morise J. Mullholland	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown	15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
16. INFORMANT'S SIGNATURE On Record, Hamilton Air Force Base, California			17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 30 1951			

866 CAUSE OF DEATH (M 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, ASTHENIA, ETC. IF MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme (with compression fractures of skull; multiple bilateral compression fractures of thorax)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C):		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

19A. DATE OF OPERATION ---	19B. MAJOR FINDINGS OF OPERATION ---		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE Accident	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 15 miles north of Roosevelt, Ariz.	21C. (CITY OR TOWN) Roosevelt	(COUNTY) Gila	(STATE) Arizona
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY December 30, 1951 3:40 PM	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aircraft accident		

22. I HEREBY CERTIFY THAT I viewed THE DECEASED at 10:30 A.M. Jan. 2, 1952 THAT I LAST SAW THE DECEASED ALIVE ON never 19 52 AND THAT DEATH OCCURRED AT 3:40 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23. SIGNATURE (DEGREE OR TITLE) Lewis B. Claypool, 1st Lt, USAF (MC)	23B. ADDRESS USAF Hospital Williams AF Base, Chandler, Ariz.	23C. DATE SIGNED 5 Jan 52

24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 1-6-52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Monterey Calif.
25A. DATE REC'D BY LOCAL REG. JAN 11 1952	25B. REGISTRAR'S SIGNATURE Steeven D. Brayton	26. FUNERAL DIRECTOR'S SIGNATURE M. L. Gibbons Mortuary	ADDRESS Mesa
		27. EMBALMER'S SIGNATURE Raymond E. Clark	CERT. NO. 275R

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