

CERTIFICATE OF DEATH

BIRTH NO. _____ REGISTRAR'S NO. _____
 1. PLACE OF DEATH (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
 A. COUNTY Gila B. COUNTY Gila
 C. CITY San Carlos OR TOWN San Carlos IN CITY LIMITS OUTSIDE CITY LIMITS

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION; RESIDENCE BEFORE ADMISSION) HOSPITAL OR ADDRESS OR LOCATION INSTITUTION San Carlos Indian Reservation
 D. STREET ADDRESS San Carlos Indian Reservation (IF RURAL, GIVE LOCATION)
 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) George B. (MIDDLE) Mull C. (LAST) Mull
 4. SEX male 5. COLOR OR RACE Indian

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) divorced 7. DATE OF BIRTH MONTH Apr. DAY 10 YEAR 1978 8. AGE (IN YEARS) MONTHS 75 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retired - cattleman
 9B. KIND OF BUSINESS OR INDUSTRY cattleman 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A. 11. CITIZEN OF WHAT COUNTRY? U.S.A. 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO 13. SOCIAL SECURITY NO. unknown
 14A. FATHER'S NAME (Unknown) Mull) 14B. BIRTHPLACE (STATE OR COUNTRY) Arizona 15A. MOTHER'S MAIDEN NAME (unknown) 15B. BIRTHPLACE (STATE OR COUNTRY) Arizona

16. INFORMANT'S SIGNATURE Malvin Muller 17. DATE OF DEATH (MONTH) June (DAY) 16, (YEAR) 1953
 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Malnutrition (Poiville) 19. INTERVAL BETWEEN ONSET AND DEATH 1 year

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) _____ DUE TO (B) _____ ANTECEDENT CAUSES _____ DUE TO (C) _____ MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: _____
 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Osteoarthritis of lower
 19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____

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) (MINUTE) (SECOND) _____ 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? UNATTENDED
 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 _____, 19____, _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Robert Stank (DEGREE OR TITLE) M.D. 23B. ADDRESS San Carlos, Arizona 23C. DATE SIGNED 6-19-53
 24A. BURIAL CREMATION REMOVAL 24B. DATE June 19, 1953 24C. NAME OF CEMETERY OR CREMATORY Paridot Cemetery Annex 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Peridot, Arizona.

25A. DATE REC'D BY LOCAL REG. 6-19-53 25B. REGISTRAR'S SIGNATURE James T. Tardell 25C. FUNERAL DIRECTOR'S SIGNATURE James T. Tardell 25D. EMBALMER'S SIGNATURE James T. Tardell
 FUNERAL DIRECTOR AND REGISTRAR James T. Tardell ADDRESS Globe, Arizona. #323