

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

433

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3

AGE OF DEATH 78 AND 24 UAL RESIDENCE	BIRTH NO.		1. PLACE OF DEATH A. COUNTY Mohave		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Transit Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).		
	C. CITY OR TOWN Near Topock		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		B. COUNTY Maricopa		
DECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION Shortys Landing near Topock		D. STREET ADDRESS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		D. STREET ADDRESS		
	3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX		5. COLOR OR RACE				
103	6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Single		7. DATE OF BIRTH MONTH DAY YEAR		8. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		
	9B. KIND OF BUSINESS OR INDUSTRY Infant		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oregon		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		
154	14A. FATHER'S NAME Charles Clark		14B. BIRTHPLACE (STATE OR COUNTRY) Oregon		15A. MOTHER'S MAIDEN NAME Mava Nelson		13. SOCIAL SECURITY NO. None		
	16. INFORMANT'S SIGNATURE Meldrum Mattson, Mesa, Ariz		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR)		15B. BIRTHPLACE (STATE OR COUNTRY) Ariz		
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A) (B) (C). 7298 *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 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Suffocation (choking)				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 (B) DUE TO (C)						
OPERATIONS, AUTOPSY	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.) Colas River		21C. (CITY OR TOWN) Rural Topock		(COUNTY) Mohave		(STATE) Ariz
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) INJURY 1-6-1954-4P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell in river				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON ... 19 ... AND THAT DEATH OCCURRED AT About 4:00 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE Hazel M. Miller		23B. ADDRESS Kingman		23C. DATE SIGNED 1-8-54		
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Jan 8 - 1954		24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Ariz		
	25A. DATE REC'D BY LOCAL REG. 1-8-54		25B. REGISTRAR'S SIGNATURE Hazel M. Miller		26. FUNERAL DIRECTOR'S SIGNATURE Hazel M. Miller		27. ENBALMER'S SIGNATURE Hazel M. Miller		