

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. **4472**
178

BIRTH NO.

04 OF DEATH AND 25 RESIDENCE 201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN, IN ARIZONA 3 Days Unknown		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Gila		
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS 405 Roosevelt St.		
CEDENT PERSONAL DATA 7 854	3. NAME OF DECEASED (TYPE OR PRINT) William F. Mitchell			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Unknown	
	6B. NAME OF SPOUSE Unknown		7. DATE OF BIRTH MONTH DAY YEAR Mar 6 1875	8. AGE (IN YEARS LAST BIRTHDAY) 79 Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Barber
	9B. KIND OF BUSINESS OR INDUSTRY Barber Shop	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	11. CITIZEN OF WHAT COUNTRY? USA	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. 526-20-1676	
	14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	16. INFORMANT'S SIGNATURE Welfare Files			ADDRESS Globe, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Aug. 3, 1954	

CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OR (A), (B), (C). 331 X		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia		DUE TO (B) Cerebral hemorrhage		2 days
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C)		2 wks
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

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)	21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
DEATH DATE TO PERMANENT RELEASE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 30 19 54 TO Aug 3 19 54 THAT I LAST SAW THE DECEASED ALIVE ON Aug 2 19 54 , AND THAT DEATH OCCURRED AT 12:35 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE (DEGREE OR TITLE) Walter M. D. Brund M.D.	23B. ADDRESS Globe, Arizona.	23C. DATE SIGNED 8-5-54	

GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Aug. 4, 1954	24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
	25A. DATE REC'D BY LOCAL REG. 8-10-54	25B. REGISTRAR'S SIGNATURE Gene Hauwale	26. FUNERAL DIRECTOR'S SIGNATURE	27. EMBALMER'S SIGNATURE