

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5906
2468

PLACE OF DEATH AND USUAL RESIDENCE
DECEASED PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 7 Yrs IN ARIZONA 7 Yrs		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Maricopa			
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION 1822 N. 24th Place Phoenix Ariz.				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? ADDRESS 1822 N. 24th Place Phoenix. YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (TYPE OR PRINT) Michael Francis Mitchell			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH Dec DAY 9 YEAR 1879		8. AGE (IN YEARS LAST BIRTHDAY) 81		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) Professional Base
9B. KIND OF BUSINESS OR INDUSTRY Ball Player		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		11. CITIZEN OF WHAT COUNTRY? USA.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO		13. SOCIAL SECURITY NO. UNK.	
14A. FATHER'S NAME John Mitchell			14B. BIRTHPLACE (STATE OR COUNTRY) Ireland		15A. MOTHER'S MAIDEN NAME Mary Glemm			15B. BIRTHPLACE (STATE OR COUNTRY) Ireland	
16. INFORMANT'S SIGNATURE (Son) Michael F. Mitchell Jr. 2418 E. Buchanan Phx.				ADDRESS				17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 16 1961	
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. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arizona. Arteriosclerosis DUE TO (B) Senescent arteriosclerosis + aortic atherosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH 24 hrs 5 yrs	
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 11 1960 TO July 16 1961 THAT I LAST SAW THE DECEASED ALIVE ON July 16 1961 AND THAT DEATH OCCURRED AT 1:50 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE [Signature]			22B. ADDRESS 2619 N. 14th Ave			22C. DATE SIGNED 7/18/61			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
24A. CORONER'S SIGNATURE					24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 7/19/61		25C. NAME OF CEMETERY OR CREMATORY ST Francis Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix Arizona		
26A. DATE REC. BY LOCAL REG. 7/18/61		26B. REGISTRAR'S SIGNATURE [Signature]			27A. FUNERAL DIRECTOR'S SIGNATURE A.L. Moore & Sons		27B. ADDRESS Phoenix Arizona		
28A. EMBALMER'S SIGNATURE [Signature]					28B. EMBALMER'S CERT. NO. 310				