

CERTIFICATE OF DEATH

BIRTH NO.
PLACE OF DEATH
A. COUNTY

Gila

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)
Rural

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)
life

D. FULL NAME OF HOSPITAL OR INSTITUTION
San Carlos Indian Reservation

3. NAME OF DECEASED
(TYPE OR PRINT)
Mary

6. MARRIED NEVER MARRIED WIDOWED
[] [] []

7. DATE OF BIRTH
MONTH DAY YEAR
Oct. 14 1950

8. AGE
YEARS MONTHS DAYS
1 5 23

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Arizona

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.

14. FATHER'S NAME
Empty Norman

14B. BIRTHPLACE (STATE OR COUNTRY)
Arizona

15A. MOTHER'S MAIDEN NAME
Martha Salter

17. DATE OF DEATH
(MONTH) (DAY) (YEAR)
April 7 1952

15B. BIRTHPLACE (STATE OR COUNTRY)
Arizona

INTERVAL BETWEEN ONSET AND DEATH
48 hours

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobular.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. ING THE UNDERLYING CAUSE LAST.

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19B. MAJOR FINDINGS OF OPERATION
DUE TO (c)

19A. DATE OF OPERATION

21A. ACCIDENT SUICIDE HOMICIDE

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND)
M

21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON... 19... AND THAT DEATH OCCURRED AT... M... FROM THE CAUSES AND ON THE DATE STATED ABOVE.

21 04
CE OF DEATH
AND
97
AL RESIDENCE

PRECEDENT
PERSONAL
DATA 101
452

CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

20. AUTOPSY?
YES [] NO []

21C. (CITY OR TOWN) (COUNTY) (STATE)

23A. SIGNATURE
James M. Sborsh

24B. DATE
April 6, 1952

25B. REGISTRAR'S SIGNATURE
James M. Sborsh

24A. BURIAL [] CREMATION [] REMOVAL []

24C. NAME OF CEMETERY OR CREMATORY
San Carlos Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
San Carlos, Arizona

26. FUNERAL DIRECTOR'S SIGNATURE
Buried by family.

27. EMBALMER'S SIGNATURE

23C. DATE SIGNED
April 7, 1952