ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2188

BIRTH NO. 20255

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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CE OF DEATH
17 AND 97
L RESIDENCE
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1. PLACE OF DEATH
A. COUNTY Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos
C. LENGTH OF STAY IN THIS PLACE: IN ARIZONA 4 days | life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
B. COUNTY Gila
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation

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ECEDENT
ERSONAL
DATA 2 0 4 0 452

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Shirley B. (MIDDLE) Ann C. (LAST) Norman
4. SEX fe
5. COLOR OR RACE Indian
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH MONTH Nov DAY 25 YEAR 1951
8. AGE YEARS ** MONTHS 4 DAYS 19
IF UNDER 24 HOURS: HOURS *** MIN. ***
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). infant
9B. KIND OF BUSINESS OR INDUSTRY infant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Ariz.
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no (IF YES, WAR OR DATES OF SERVICE) *****
13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME Sam Salter
14B. BIRTHPLACE (STATE OR COUNTRY) Arizona
15A. MOTHER'S MAIDEN NAME Elnora Norman
15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE Mrs Cecilia A. Salter Superior Ariz. **ADDRESS**
17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 14, 1952 at a.m.

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 47 X
+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 CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Pneumonia lobular — INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

ERATIONS, AUTOPSY 4

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO XTERNAL IOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

EDICAL CORONER'S TIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 1, 19 10. TO April 14, 19 52. THAT I LAST SAW THE DECEASED ALIVE ON April 14, 19 52. AND THAT DEATH OCCURRED AT 10 a.m., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) Lucy N Sibovsky MD
23B. ADDRESS Bylas Arizona
23C. DATE SIGNED 4-22-52

UNERAL IRECTOR AND EGISTRAR 31 2

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐
24B. DATE April 15, 1952
24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona
25A. DATE REC'D BY LOCAL REG. 4-22-52
25B. REGISTRAR'S SIGNATURE James Lindsey
26. FUNERAL DIRECTOR'S SIGNATURE Jesse James Wacker
27. EMBALMER'S SIGNATURE Jesse James Wacker
ADDRESS Globe, Ariz
CERT. NO. #323

FORM VS 2 REV. 8-50 20M