

CERTIFICATE OF DEATH

BIRTH NO. 20256 1. PLACE OF DEATH A. COUNTY Gila		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		REGISTRAR'S NO.	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) San Carlos Indian Reservation		3. NAME OF DECEASED A. (FIRST) Infant Pauline B. (MIDDLE) Polk C. (LAST)		4. SEX female 5. COLOR OR RACE Indian	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH NOV YEAR 1951		8. AGE YEARS 4 MONTHS 26 DAYS	
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Ariz U. S. A.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). HOUSEWIFE infant	
11. FATHER'S NAME Albert Polk		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. NO.	
14. FATHER'S NAME Albert Polk		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Maggie Galsun	
16. INFORMANT'S SIGNATURE Albert Polk		17. DATE OF DEATH April 15, 1952 at 8 p.m.		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a), (b), (c). 493 X *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS NEARLY FAULTURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19. THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (COUNTY) (STATE)	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____		23A. SIGNATURE Robert Stark		23B. ADDRESS San Carlos Arizona	
24A. BURIAL REMOVAL <input type="checkbox"/>		24B. DATE April 17, 1952		24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE James Andrew		25C. DATE SIGNED 4-23-52	
26. FUNERAL DIRECTOR'S SIGNATURE James Andrew		26. ADDRESS Globe, Arizona		27. EMBALMER'S SIGNATURE No embalming	
28. ADDRESS #323		29. ADDRESS Globe, Arizona		30. ADDRESS Globe, Arizona	