

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH: A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE: A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Peridot</b>		REGISTRAR'S NO.	
3. NAME OF DECEASED (TYPE OR PRINT) <b>Mrs. Zella Randall</b>		B. (MIDDLE)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>life</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>San Carlos Indian Reservation</b>	
4. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>approx</b> DAY <b>1898</b> YEAR		B. AGE YEARS <b>54</b> MONTHS <b>approx</b> DAYS		4. SEX <b>fe</b>	
5. B. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>San Carlos, Ariz., U. S. A.</b>		11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		5. COLOR OR RACE <b>Indian</b>	
6. FATHER'S NAME <b>John Astor</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>(unknown)</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>housewife</b>	
7. INFORMANT'S SIGNATURE <b>John Astor</b>		ADDRESS <b>San Carlos Indian Reservation</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ***** <b>NO</b>	
8. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <b>3330</b>		18. CAUSE OF DEATH DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) <b>Acute Alcoholism</b>		17. DATE OF DEATH OF <b>April 25, 1952 approx 3:30 a.m.</b>		13. SOCIAL SECURITY NO. NO.	
9. THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS NEARLY FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
10. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		23. DATE SIGNED <b>May 2, 1952</b>	
11. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
12. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ AND THAT DEATH OCCURRED AT _____ M.D.		24B. DATE <b>April 28, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Peridot Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Peridot, Arizona.</b>	
13. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. REGISTRAR'S SIGNATURE <b>James Randall</b>		25C. FUNERAL DIRECTOR'S SIGNATURE <b>James James Mackey</b>		25D. ADDRESS	
14. DATE REC'D BY LOCAL REG. <b>May 3, 1952</b>		25E. REGISTRAR'S SIGNATURE <b>James Randall</b>		25F. EMBALMER'S SIGNATURE <b>James James Mackey</b>		25G. CERT. NO. <b>#333</b>	