

CERTIFICATE OF DEATH

BIRTH NO. 04	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO.
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Rural		(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). B. COUNTY Gila
DATE OF DEATH AND 97	D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital		D. STREET ADDRESS San Carlos Indian Reservation.		(IF RURAL, GIVE LOCATION) 5. COLOR OR RACE Indian
	3. NAME OF DECEASED (FIRST) Henry		C. (LAST) Perry		4. SEX male
PRECEDENT PERSONAL DATA 761 150 552	6. MARRIED NEVER <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR Mar 2 1902	8. AGE YEARS MONTHS DAYS 50 2 28	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer	13. SOCIAL SECURITY NO. Unknown
	9B. KIND OF BUSINESS OR INDUSTRY Arizona	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME Harrison Perry		15A. MOTHER'S MAIDEN NAME (Unknown)		17. DATE (MONTH) (DAY) (YEAR) May 30 1952
	16. INFORMANT'S SIGNATURE From the records of San Carlos Hospital.		17. DATE OF DEATH		19. DATE OF OPERATION
OPERATIONS, AUTOPSY	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 331 X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		19B. MAJOR FINDINGS OF OPERATION MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. DUE TO (c) 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		(COUNTY) (STATE)
MEDICAL CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON May 30 19 52 AND THAT DEATH OCCURRED AT 3:45 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23. SIGNATURE J. M. Sidersky M.D.		22. I HEREBY CERTIFY THAT I LAST SAW THE DECEASED ON May 30 19 52 THAT I LAST SAW THE DECEASED FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23B. ADDRESS Pallas, Arizona.		23C. DATE SIGNED May 30, 1952
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE June 3, 1952		24C. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona
	25A. DATE REC'D BY LOCAL REG. June 2, 1952.		25B. REGISTRAR'S SIGNATURE James J. Randall		26. FUNERAL DIRECTOR'S SIGNATURE George James Wadley 27. EMBALMER'S SIGNATURE George James Wadley #523