

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH A. COUNTY Gila</p> <p>B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos</p> <p>C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) Life</p> <p>D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Ind. Res.</p>		<p>2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona</p> <p>C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos</p> <p>D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation</p>		<p>3. NAME OF DECEASED A. (FIRST) Edith B. (MIDDLE) Neuman C. (LAST) Edith Neuman</p>		<p>4. SEX fe</p> <p>5. COLOR OR RACE Indian</p>	
<p>6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>7. DATE OF BIRTH MONTH 1908 DAY 22 YEAR 1908</p> <p>8. AGE YEARS 52 MONTHS Approx. DAYS Approx.</p>		<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife</p>		<p>9B. KIND OF BUSINESS OR INDUSTRY housewife</p>		<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Feldman, Arizona U. S. A.</p>	
<p>11. CITIZEN OF WHAT COUNTRY? U. S. A.</p>		<p>12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no</p>		<p>13. SOCIAL SECURITY NO. none</p>		<p>14A. FATHER'S NAME (UNKNOWN) Helen Lindley</p>	
<p>14B. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>		<p>14C. ADDRESS San Carlos, Arizona</p>		<p>15A. MOTHER'S MAIDEN NAME Helen Lindley</p>		<p>15B. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>	
<p>16. INFORMANT'S SIGNATURE Edith Neuman</p>		<p>17. DATE OF DEATH June 20, 1952</p>		<p>17. TIME (DAY) at 9:00 P.M.</p>		<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), (3). Deep seven inch stab wound. Right side of neck, two inch stab wound left side of neck.</p>	
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>19C. INTERVAL BETWEEN ONSET AND DEATH Immediate</p>		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>21A. ACCIDENT (SPECIFY) Homicide</p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) at home</p>		<p>21C. (CITY OR TOWN) (COUNTY) (STATE) San Carlos Gila Ariz</p>		<p>21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) June 20, 1952 11 pm</p>	
<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON June 20, 1952 AND THAT DEATH OCCURRED AT 11 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>		<p>23A. SIGNATURE Robert A. Heath</p>		<p>23B. ADDRESS San Carlos, Arizona</p>		<p>23C. DATE SIGNED June 20, 1952</p>	
<p>24A. BURIAL CREATION REMOVAL <input checked="" type="checkbox"/> LOCAL REG. <input type="checkbox"/></p>		<p>24B. DATE June 24, 1952</p>		<p>24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery</p>		<p>24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona</p>	
<p>25A. DATE REC'D BY LOCAL REG. June 26, 1952</p>		<p>25B. REGISTRAR'S SIGNATURE James Lindley</p>		<p>25C. REGISTRAR'S SIGNATURE James Lindley</p>		<p>25D. ADDRESS San Carlos, Arizona</p>	
<p>26. MEDICAL CORONER'S CERTIFICATION</p>		<p>27. FUNERAL DIRECTOR'S SIGNATURE James Lindley</p>		<p>28. EMBALMER'S SIGNATURE James Lindley</p>		<p>29. ADDRESS San Carlos, Arizona</p>	
<p>30. OPERATIONS, AUTOPSY, DEATH DUE TO EXTERNAL VIOLENCE</p>		<p>31. FUNERAL DIRECTOR AND REGISTRAR</p>		<p>32. MEDICAL CORONER'S CERTIFICATION</p>		<p>33. ADDRESS</p>	