

CERTIFICATE OF DEATH

BIRTH NO. 04 09		1. PLACE OF DEATH A. COUNTY Gilb		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona		REGISTRAR'S NO.	
ACE OF DEATH 97 AND 97		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) San Carlos		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Rural		B. COUNTY, Gilb	
USUAL RESIDENCE		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 20 days		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Indian Hospital		(IF RURAL, GIVE LOCATION) San Carlos Indian Reservation	
DECEDENT		3. NAME OF DECEASED (FIRST, (MIDDLE), (LAST)) Marie K.		4. SEX female		5. COLOR OR RACE Indian	
PERSONAL DATA 179		6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR NOV 11 1922		8. AGE YEARS MONTHS DAYS 29 8 19	
DATA 179		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		10. CITIZEN OF WHAT COUNTRY? U.S.A.		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO --	
752		14. FATHER'S NAME Jay Kendall		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15. MOTHER'S MAIDEN NAME Rachel Russell	
752		16. INFORMANT'S SIGNATURE From the records of San Carlos Hospital		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 30 1952		18. SOCIAL SECURITY NO. unknown	
CAUSE OF DEATH (ITEM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), (3)		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days	
OPERATIONS, AUTOPSY		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE		21A. 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)	
MEDICAL CORONER'S CERTIFICATION		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) July 10 19 52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Postpartum	
FUNERAL DIRECTOR AND REGISTRAR		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED ALIVE ON July 30 19 52 AND THAT DEATH OCCURRED AT 4:15 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE		23. SIGNATURE Robert Stark MD		23C. DATE SIGNED July 30, 1952	
24. BURIAL CREMATION REMOVAL LOCAL REG.		24B. DATE Aug. 1, 1952		24C. NAME OF CEMETERY OR CREMATORY San Carlos, Arizona		24D. LOCATION (CITY, TOWN, COUNTY) (STATE)	
25A. DATE REC'D BY LOCAL REG. July 30, 1952		25B. REGISTRAR'S SIGNATURE James Russell		26. FUNERAL DIRECTOR'S SIGNATURE Robert Stark MD		27. EMBALMER'S SIGNATURE T. H. ...	
25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE		27. EMBALMER'S SIGNATURE		CERT. NO. 244 A	