

3 - on 2.
74, Apache Ag., Arizona

1. PLACE OF DEATH A. COUNTY Maricopa Gila B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) Rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 4 YRS. 4 MTHS.		2. USUAL RESIDENCE A. STATE Arizona C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Rural D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Pt. Apache Reservation		REGISTRAR'S NO.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Marlene B. (MIDDLE) - C. (LAST) Palmer		4. SEX F.		5. COLOR OR RACE Apache Ind			
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 10 DAY 25 YEAR 18		8. AGE YEARS 4 MONTHS 0 DAYS 18		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). None	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
14A. FATHER'S NAME Vincent Palmer		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Marlenah Armstrong		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE Vincent Palmer		ADDRESS Whiteriver, Ariz.		17. DATE OF DEATH Nov. 12, 1952		(YEAR)	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (1), (2), (3). 202 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Tuberculosis, pulmonary, far advanced active. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B), STATING THE UNDERLYING CAUSE LAST. - 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. - 3. MAJOR FINDINGS OF OPERATION -							
19A. DATE OF OPERATION		19B. PLACE OF OPERATION (SPECIFY) -		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) (COUNTY) (STATE)		21D. HOW DID INJURY OCCUR -	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR -		21G. DATE SIGNED 11/13/52	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 17 19 52 TO XXXXX 10/20/52 THAT I LAST SAW THE DECEASED ALIVE ON Oct. 20 19 52 AND THAT DEATH OCCURRED AT P. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE P. G. J. ...		23B. ADDRESS Whiteriver, Ariz.		23C. DATE SIGNED 11/13/52			
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE 11/13/52		24C. NAME OF CEMETERY OR CREMATORY Canyon Day		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rural, Gila Co., Arizona	
25A. DATE REC'D BY LOCAL REG. 11/13/52		25B. REGISTRAR'S SIGNATURE Alice Pipkins		26. FUNERAL DIRECTOR'S SIGNATURE -		ADDRESS -	
27. EMBALMER'S SIGNATURE -		27. EMBALMER'S SIGNATURE -		27. EMBALMER'S SIGNATURE -		CERT. NO. -	

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97 AND 97
IAL RESIDENCE

DECEDENT
PERSONAL
DATA 104
X52

CAUSE OF DEATH (ITEM 18)
PERATIONS
AUTOPSY
DEATH DUE TO EXTERNAL VIOLENCE
MEDICAL CORONER'S / RTIFICATION
FUNERAL DIRECTOR AND REGISTRAR 2