

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

6292

BIRTH NO.		1. PLACE OF DEATH A. COUNTY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE		REGISTRAR'S NO.	
36		Gila		Arizona			
37 AND 38		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)			
97		San Carlos		Rural			
99		D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS		5. COLOR OR RACE	
100		San Carlos Indian Reservation		San Carlos Indian Reservation		Indian	
101		3. NAME OF DECEASED (TYPE OR PRINT)		C. (LAST)		4. SEX	
102		Ruth		Polk		female	
103		6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR		8. AGE YEARS MONTHS DAYS	
104		<input type="checkbox"/>		Nov. 22 1951		1 & 0 2	
105		9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?	
106		None		Arizona		U.S.A.	
107		14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME	
108		Edgar Polk		Arizona		Fannie Parson	
109		16. INFORMANT'S SIGNATURE		ADDRESS		17. DATE OF DEATH (MONTH DAY)	
110		From the records of San Carlos Hospital.				November 24 1952	
111		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a), (b), (c).		MEDICAL CERTIFICATION		19B. BIRTHPLACE (STATE OR COUNTRY)	
112		(a) <i>Heart failure</i>		<i>Myocardial (Rupture)</i>		Arizona	
113		(b) <i>None</i>		<i>Heart failure</i>		(YEAR) 1952	
114		(c) <i>None</i>		<i>None</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
115		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
116						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
117		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)	
118							
119		21D. TIME (MONTH) (DAY) (YEAR)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
120						Unattended	
121		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED ALIVE ON _____ 19 _____ AND THAT DEATH OCCURRED AT _____ 19 _____		23A. SIGNATURE (DECEASED'S TITLE)		23C. DATE SIGNED	
122		<i>Robert Clark</i>		<i>San Carlos, Arizona</i>		Nov. 24, 1952	
123		24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
124		<input type="checkbox"/>		Nov. 24, 1952		San Carlos Cemetery	
125		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		25C. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
126		Dec. 2, 1952		<i>James Randall</i>		San Carlos, Arizona.	
127		26. FUNERAL DIRECTOR'S SIGNATURE		27. EMBALMER'S SIGNATURE		ADDRESS	
128		<i>(Buried by family)</i>		<i>(Buried by family)</i>		San Carlos, Arizona.	
129		CERT. NO.					