

24
PLACE OF DEATH
AND
RESIDENCE

2 - on R.

Ft. Apache Ag., Arizona

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

7022

1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Rural D. FULL NAME OF HOSPITAL OR INSTITUTION At home		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 84 yrs IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona C. CITY OR TOWN Rural D. STREET ADDRESS Fort Apache Reservation		REGISTRAR'S NO.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Thomas B. (MIDDLE) - C. (LAST) Riley		4. SEX M.		5. COLOR OR RACE Apache Ind		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
7. DATE OF BIRTH MONTH 5 DAY 20 YEAR 68		8. AGE (IN YEARS) IF UNDER 1 YEAR MONTHS 84 DAYS 84		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired Indian Scout		9B. KIND OF BUSINESS OR INDUSTRY USA	
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) Yes Indian War		13. SOCIAL SECURITY NO. Unknown	
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE Gin Riley		ADDRESS Whiteriver, Arizona		17. DATE OF DEATH (MONTH) August 6, (DAY) 1952		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE, FOR (A), (B), (C). Arteriosclerosis, Cerebral artery.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19C. INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY?	
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. 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. (CITY OR TOWN) (COUNTY) (STATE)		21H. (CITY OR TOWN) (COUNTY) (STATE)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Aug. 2 19 52 AND THAT DEATH OCCURRED AT PM		23A. SIGNATURE C. E. Shanh		23B. ADDRESS (DEGREE OR TITLE) M. D. Whiteriver, Arizona		23C. DATE SIGNED 12/11/52	
24. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 8/8/52		24C. NAME OF CEMETERY OR CREMATORY Canyon Day Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rural, Gila Co., Arizona	
25A. DATE REC'D BY LOCAL REG. 8/9/52		25B. REGISTRAR'S SIGNATURE Alice Phipps		25C. FUNERAL DIRECTOR'S SIGNATURE		25D. ADDRESS	
26. FUNERAL DIRECTOR'S SIGNATURE		26. EMBALMER'S SIGNATURE		27. EMBALMER'S SIGNATURE		27. CERT. NO.	