

CERTIFICATE OF DEATH

2-15 ✓
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OF DEATH
AND
RESIDENCE
97
1201

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 3 days IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation	

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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Inf. B. (MIDDLE) boy C. (LAST) Mutton			4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) infant
6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH Jan DAY 23 YEAR 1955	8. AGE (IN YEARS LAST BIRTHDAY) --	IF UNDER 1 YEAR MONTHS ** DAYS 3	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant
9B. KIND OF BUSINESS OR INDUSTRY infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Globe, Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME Elmer Mutton		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Marie Cook		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE <i>Sarah Reed</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan 26, 1955 at 6 a.m.		

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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). 1040 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Toxemia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Eclampsia in mother DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 3 days
PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

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TOPSY

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 23, 1955 TO Jan 26, 1955 . THAT I LAST SAW THE DECEASED ALIVE ON Jan 26, 1955 , AND THAT DEATH OCCURRED AT 6:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DICAL
ICATION

22A. SIGNATURE <i>Walter O'Brien M.D.</i>	22B. ADDRESS Globe Arizona	22C. DATE SIGNED 1-27-55
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DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT (SPECIFY) SUICIDE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

ONER'S
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Jan 28-1955	25C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos Arizona
26A. DATE REC. BY LOCAL REG. 1-28-55	26B. REGISTRAR'S SIGNATURE <i>Gene Hauke</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Gene Hauke</i>	27B. ADDRESS Globe Arizona