

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 DEATH D 97 SIDENCE	1. PLACE OF DEATH A. COUNTY <i>Bila</i>		B. LENGTH OF STAY IN THIS TOWN <i>Life</i> IN ARIZONA <i>Life</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Bila</i>			
	C. CITY OR TOWN <i>San Carlos</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>San Carlos</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>San Carlos Ind Reservation</i>				E. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>San Carlos Indian Reservation</i>			
ENT VAL #68 0 155	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Lucie</i> B. (MIDDLE) <i>-</i> C. (LAST) <i>Patten</i>			4. SEX <i>f</i>	5. COLOR OR RACE <i>Indian</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>married</i>		
	6B. NAME OF SPOUSE <i>Carl Patten</i>		7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>16</i> YEAR <i>1886</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>68</i>	IF UNDER 1 YEAR MONTHS <i>0</i> DAYS <i>16</i>	IF UNDER 24 HRS. HOURS <i>XX</i> MIN. <i>XX</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>housewife</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Bela, Arizona</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>unknown</i>		
	14A. FATHER'S NAME <i>Mita Nelson</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>	15A. MOTHER'S MAIDEN NAME <i>Allice Nakiy</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>			
16. INFORMANT'S SIGNATURE (husband) <i>Carl Patten</i>				ADDRESS <i>San Carlos</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan 2-1955 12:05 AM</i>		
SE H 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE F (A), (B), (C). <i>As above</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Arteriosclerosis (?)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	
	‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____					
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						
ONS, SY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
AL TION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Un attended</i> , 19 <i>55</i> , THAT I LAST SAW THE DECEASED ALIVE ON _____, 19 _____, AND THAT DEATH OCCURRED AT _____.							
EATH JE TO FERNAL LENCE	22A. SIGNATURE (DEGREE OR TITLE) <i>Frederick L. Korbner, M.D.</i>		22B. ADDRESS <i>San Carlos, Ariz</i>		22C. DATE SIGNED <i>1-31-55</i>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
ER'S TION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
AL OR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>Jan 9-1955</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Peridot Cemetery</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Peridot Arizona</i>	
	26A. DATE REC. BY LOCAL REG. <i>1-31-55</i>		26B. REGISTRAR'S SIGNATURE <i>James Kaudack</i>		27. FUNERAL DIRECTOR'S SIGNATURE <i>Joe James Wakefield</i>		27B. ADDRESS <i>Globe, Arizona</i>	