

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH AND RESIDENCE K-	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>			
	C. CITY OR TOWN <u>San Carlos</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
EDENT 3 SONAY DATA 65 3 255	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Indian Reservation</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>				
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Albert</u> B. (MIDDLE) <u>--</u> C. (LAST) <u>Mason</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>		
CAUSE OF DEATH (EM 18) 2 2	6B. NAME OF SPOUSE <u>Louise Hanton (dec)</u>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>16</u> YEAR <u>1889</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>65</u>	IF UNDER 1 YEAR MONTHS <u>9</u> DAYS <u>**</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>cattlemn</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>cattlemn</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Ariz.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> *****		13. SOCIAL SECURITY NO. <u>unknown</u>
RATIONS, AUTOPSY	14A. FATHER'S NAME <u>unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>		15A. MOTHER'S MAIDEN NAME <u>unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	
	16. INFORMANT'S SIGNATURE (NAME AND ADDRESS) <u>Janette Randall (daughter) San Carlos, Ariz.</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 16, 1955 at 8 p.m.</u>			
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). <u>Lobar Pneumonia</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	‡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) <u>Pulmonary Tuberculosis</u>				years	
MEDICAL CERTIFICATION	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>UNATTENDED</u> , 19 <u>55</u> , TO <u>8</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>8</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>8 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) <u>J. L. Kamber, M.D.</u>		22B. ADDRESS <u>San Carlos, Arizona.</u>			22C. DATE SIGNED <u>Feb. 16, 1955</u>		
CORONER'S CERTIFICATION	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 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
FUNERAL DIRECTOR AND REGISTRAR	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Feb 22, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery (Annex)</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona.</u>		
26A. DATE REC. BY LOCAL REG. <u>2-28-55</u>		26B. REGISTRAR'S SIGNATURE <u>Thomas Randall</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>James Walker</u>		27B. ADDRESS <u>State Arizona</u>		

Colman # 825