

CERTIFICATE OF DEATH

BIRTH NO. 4326

REGISTRAR'S NO. 278

PLACE OF DEATH AND RESIDENCE 06 99 9201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 days life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Graham	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Bylas <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	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Infant Turner Rope, Jr. B. (MIDDLE) C. (LAST)			4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married
PRECEDENT PERSONAL DATA 2 399 0 455	6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH DAY YEAR Mar 17 1955	8. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 0 29 ** **	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) Safford, 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 Turner Rope, Sr.		14B. BIRTHPLACE (STATE OR COUNTRY) Bylas, Arizona	15A. MOTHER'S MAIDEN NAME Viola Robertson		15B. BIRTHPLACE (STATE OR COUNTRY) Bylas, Arizona
CAUSE OF DEATH (TEM 18)	16. INFORMANT'S SIGNATURE Turner Rope		ADDRESS Bylas, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 16, 1955 at 7p.m.	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7920 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) malnutrition DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 72 hrs
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
	PLACE DISEASE CONTRACTED.					
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 16, 1955, TO April 16, 1955 THAT I LAST SAW THE DECEASED ALIVE ON April 16, 1955 AND THAT DEATH OCCURRED AT P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CERTIFICATION	22A. SIGNATURE Walter O'Brien M.D.		22B. ADDRESS Globe, Arizona		22C. DATE SIGNED 4. 18. 55	
	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?	
DEATH DUE TO EXTERNAL VIOLENCE	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE April 17, 1955	25C. NAME OF CEMETERY OR CREMATORY Bylas Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bylas, Arizona
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 4-18-55		26B. REGISTRAR'S SIGNATURE Gene Mawdslee		27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker	
					27B. ADDRESS Globe, Arizona	

Gene James Walker
Gene Mawdslee
Walter O'Brien # 323