

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH 17 AND 97 RESIDENCE 0604	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>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Indian Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>				
DECEDENT PERSONAL DATA 407 655	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>(baby)</u> B. (MIDDLE) C. (LAST) <u>May</u>			4. SEX <u>Fe.</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) <u>never married</u>	
	6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>June</u> DAY <u>22</u> YEAR <u>1955</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>0</u>	IF UNDER 24 HRS. HOURS <u>7</u> MIN. <u>30</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</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>none</u>	
	14A. FATHER'S NAME <u>Kelly May</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Lucille Russell</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <u>From the records of San Carlos Hospital</u>		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 23 1955</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>7 (A) (B) (C)</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) <u>Premature Birth</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ 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 <u>7 1/2 hours</u>	
	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 <u>June 22</u> , 19 <u>55</u> , TO <u>June 23</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>June 23</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE (DEGREE OR TITLE) <u>[Signature]</u>		22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>6-23-55</u>		
	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)		
DEATH DUE TO EXTERNAL VIOLENCE	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?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>June 24, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>		
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona</u>		26A. DATE REC. BY LOCAL REG.		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		
FUNERAL DIRECTOR AND REGISTRAR	27A. FUNERAL DIRECTOR'S SIGNATURE <u>(None)</u>		27B. ADDRESS <u>(None)</u>				