

CERTIFICATE OF DEATH

REGISTRAR'S NO. 73

34 04  
AGE OF DEATH  
17 AND 97  
AGE RESIDENCE  
0004  
DECEDENT 7  
PERSONAL DATA 158  
655

BIRTH NO.		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)					
C. CITY OR TOWN <u>San Carlos</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u>		B. COUNTY <u>Gila</u>					
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Indian Hospital</u>		D. STREET ADDRESS <u>San Carlos Indian Reservation</u>		C. CITY OR TOWN <u>San Carlos</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS					
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Key</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>Norman</u>			4. SEX <u>male</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>Approx.</u> DAY <u>1896</u> YEAR <u>58</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>Approx.</u>		IF UNDER 1 YEAR DATE		IF UNDER 24 HRS. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>laborer</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>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>(Unknown)</u>	
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 <u>Valentin Hill San Carlos Arizona</u>						17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 20 1955</u>					

CAUSE OF DEATH (ITEM 18) C  
OPERATIONS, AUTOPSY 4

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK (A), (B), (C). <u>11347</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				INTERVAL BETWEEN ONSET AND DEATH years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) <u>Cardiac Congestion with Pulmonary Edema, and Right Heart Failure.</u>					
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) _____					
DUE TO (C) _____							
PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION 4

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 5</u> , 19 <u>55</u> , TO <u>June 20</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>June 20</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>4 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) <u>[Signature]</u>				22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>6-20-55</u>	

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) <u>[Signature]</u>		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?			

CORONER'S CERTIFICATION 1

24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
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FUNERAL DIRECTOR AND REGISTRAR 31 2

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>June 8, 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. <u>6-28-55</u>		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>Glabe Arizona</u>			

Cobalmer # 323