

BIRTH NO. 14421

CERTIFICATE OF DEATH

REGISTRAR'S NO. 353

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>1</u> day IN ARIZONA <u>1</u> life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>				C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. STREET ADDRESS <u>San Carlos Indian Reservation</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

PRECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) <u>Infant Gwendolyn Perry</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>infant</u>
6B. NAME OF SPOUSE <u>none</u>	7. DATE OF BIRTH <u>July 14 1955</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>5</u> DAYS <u>4</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>infant</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Florence, 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>Oscar Perry</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Celina Henry</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>

16. INFORMANT'S SIGNATURE <u>Oscar Perry, father, San Carlos, Arizona</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec 18, 1955 at 3:30 a.m.</u>
--	--

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH†		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		(A) <u>Bronchopneumonia</u>	<u>2 days</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) <u>Aspiration of vomitus</u>	<u>1 day</u>
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (C) <u>Gastroenteritis</u>	<u>3 days</u>	
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 17</u> at <u>ST</u> , TO <u>Dec 18</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec 18</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>3:30 a</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>William E. Eshley MD</u>	22B. ADDRESS <u>Box 68 Globe</u>	22C. DATE SIGNED <u>12/23/55</u>

DEATH DUE TO EXTERNAL VIOLENCE

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)	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DRONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
--------------------------	--------------	------------------

GENERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Dec 23, 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 REC. <u>12-24-55</u>	26B. REGISTRAR'S SIGNATURE <u>Jesse James Walker</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Walker</u>	27B. ADDRESS <u>Globe Arizona</u>