

CERTIFICATE OF DEATH

REGISTRAR'S NO. 81

BIRTH NO.

OF DEATH AND RESIDENCE  1004	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA wife   life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila		
	C. CITY OR TOWN San Carlos		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation		

IDENT PERSONAL ATA 301	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Infant James B. (MIDDLE) N. C. (LAST) osie			4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married
	6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH DAY YEAR Oct 25 1955	B. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 1 YEAR MONTHS DAYS 0 1	IF UNDER 24 HRS. HOURS MIN. -- --

1955	9B. KIND OF BUSINESS OR INDUSTRY infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Ariz.	11. CITIZEN OF WHAT COUNTRY? U.S. citizen	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 McCarthy Nosie	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Lorena James		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
	16. INFORMANT'S SIGNATURE McCarthy Nosie San Carlos, Ariz.		ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 26, 1955	

CAUSE OF DEATH (M 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED:	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 24 hours
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH † (A) Post Natal Asphyxia and Atelectasis. 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.			

OPERATIONS, TOLPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 25, 1955, TO Oct. 26, 1955, THAT I LAST SAW THE DECEASED ALIVE ON October 26, 1955, AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	22A. SIGNATURE Harold L. Lawless (DEGREE OR TITLE) M.D.	22B. ADDRESS San Carlos, Arizona	22C. DATE SIGNED 10-26-55

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) 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	24A. CORONER'S SIGNATURE Harold L. Lawless M.D.	24B. ADDRESS San Carlos, Arizona	24C. DATE SIGNED 1-26-56
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FUNERAL DIRECTOR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Oct 30, 1955	25C. NAME OF CEMETERY OR CREMATORY Peridot Cemetery, annex	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Peridot, Arizona.
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FUNERAL DIRECTOR	26A. DATE REC. BY LOCAL REG. 10-30-55	26B. REGISTRAR'S SIGNATURE James Rausell	27A. FUNERAL DIRECTOR'S SIGNATURE James Rausell	27B. ADDRESS Peridot, Arizona
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