

CERTIFICATE OF DEATH

REGISTRAR'S NO. 80

OF DEATH AND RESIDENCE	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 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>San Carlos Indian Hospital</u>				C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
EDENT SONA ATA 0	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Inf.</u> B. (MIDDLE) <u>McCarthy</u> C. (LAST) <u>Nosie</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>Oct</u> DAY <u>25</u> YEAR <u>1955</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>1</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>San Carlos, Ari</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>		
CAUSE OF DEATH (EM 18)	14A. FATHER'S NAME <u>McCarthy Nosie</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Lorena James</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	
	16. INFORMANT'S SIGNATURE <u>McCarthy Nosie San Carlos Ari</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct 26, 1955</u>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Post Natal Asphyxia and Atelectasis</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
OPERATIONS, TORSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct. 25</u> , 19 <u>55</u> , TO <u>Oct. 26</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>October 26</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>3:45 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <u>Harold L. Lawless, M.D.</u>		22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>10-26-55</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)			
	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?			
OPERATION'S CERTIFICATION	24A. CORONER'S SIGNATURE <u>Harold L. Lawless, M.D.</u>		24B. ADDRESS <u>San Carlos Arizona</u>		24C. DATE SIGNED <u>1-26-56</u>			
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Oct 30, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery annex</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona</u>	
	26A. DATE REC. BY LOCAL REG. <u>10-30-55</u>	26B. REGISTRAR'S SIGNATURE <u>Queen Kaulak</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Steve James Walker</u>		27B. ADDRESS <u>Elbe, Arizona</u>		