

BIRTH NO. 26396

CERTIFICATE OF DEATH

REGISTRAR'S NO. 91

OF DEATH AND RESIDENCE <u>1004</u>	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 checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>San Carlos Indian Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>			
IDENT SONAL ATAGU <u>0</u>	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Inf.</u> B. (MIDDLE) <u>Esther Ruth</u> C. (LAST) <u>Phillips</u>			4. SEX <u>fe</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>single</u>		
	6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>24</u> YEAR <u>1955</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>2</u> DAYS <u>16</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, Ariz</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>Hy Phillips</u>	
CAUSE OF DEATH M 18)	14B. BIRTHPLACE (STATE OR COUNTRY) <u>San Carlos, Ariz</u>		15A. MOTHER'S MAIDEN NAME <u>Sarah Hudson</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>San Carlos, Ariz</u>			
	16. INFORMANT'S SIGNATURE (Mother) ADDRESS <u>Mrs Sarah Phillips San Carlos, Ariz</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec 10, 1955 at 9:30 a.m.</u>				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (C). <u>191X</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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Bronchopneumonia</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>24 hours</u>					
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. 9</u> , 19 <u>55</u> , TO <u>Dec. 10</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>December 10</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>2:45 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) <u>Harold L. Lawless, M.D.</u>			22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>12-10-55</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) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
OWNER'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>		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Dec 16, 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>	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>12-30-55</u>		26B. REGISTRAR'S SIGNATURE <u>James Rausel</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Walker</u>		27B. ADDRESS <u>Globe, Arizona.</u>	