

CERTIFICATE OF DEATH

REGISTRAR'S NO. 458

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>3 days</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>Globe</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>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Maude</u> B. (MIDDLE) <u>J.</u> C. (LAST) <u>Randall</u>			4. SEX <u>fe</u>	B. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>		
6B. NAME OF SPOUSE <u>Oscar Randall</u>		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>9</u> YEAR <u>1895</u>	B. AGE (IN YEARS) LAST BIRTHDAY <u>61</u>	IF UNDER 1 YEAR MONTHS <u>8</u> DAYS <u>2</u>	IF UNDER 24 HRS. HOURS <u>XX</u> MIN. <u>XX</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</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>		
14A. FATHER'S NAME <u>Jacob Johnson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Mabel Mills</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		
16. INFORMANT'S SIGNATURE (husband) <u>Oscar Randall</u>			ADDRESS <u>San Carlos, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov 11, 1956 at 10:00 a.m.</u>		
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH † MEDICAL CERTIFICATION (A) <u>Coronary occlusion</u> DUE TO (B) <u>Perniciou anemia</u> DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1950</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 21, 1956</u> TO <u>Nov 11, 1956</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov 11, 1956</u> , AND THAT DEATH OCCURRED AT <u>10:00 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>Walter M. Brown M.D.</u>		(DEGREE OR TITLE)		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>11-12-56</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		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?			
24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Nov 15, 1956</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona</u>		
26A. DATE REC. BY LOCAL REC. <u>11-12-56</u>	26B. REGISTRAR'S SIGNATURE <u>Jessie Hansler</u>		26A. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie Hansler</u>		27B. ADDRESS <u>Globe, Arizona</u>		