

1587
506

CERTIFICATE OF DEATH

BIRTH NO. 212

04 04
CE OF DEATH
AND 99
AL RESIDENCE
0201

1. PLACE OF DEATH
A. COUNTY Gila
B. LENGTH OF STAY
IN THIS TOWN life IN ARIZONA life
C. CITY OR TOWN Globe
 IN CITY LIMITS OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Gila General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Gila
C. CITY OR TOWN San Carlos
 IN CITY LIMITS OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
San Carlos Indian Reservation

DECEDENT
PERSONAL
DATA 202

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Leonard B. (MIDDLE) --- C. (LAST) Randall
4. SEX male 5. COLOR OR RACE Indian 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) single

6B. NAME OF SPOUSE none 7. DATE OF BIRTH
MONTH Jan DAY 28 YEAR 1957 8. AGE (IN YEARS LAST BIRTHDAY) 0
IF UNDER 1 YEAR MONTHS 2 DAYS 24 IF UNDER 24 HRS. HOURS ** MIN. ** 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant

9B. KIND OF BUSINESS OR INDUSTRY infant 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Globe, Arizona 11. CITIZEN OF WHAT COUNTRY? U.S.A. 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 Leon Randall 14B. BIRTHPLACE (STATE OR COUNTRY) San Carlos, Arizona 15A. MOTHER'S MAIDEN NAME Elizabeth Goseyun 15B. BIRTHPLACE (STATE OR COUNTRY) Bylas, Arizona

16. INFORMANT'S SIGNATURE Leon Randall ADDRESS San Carlos, Arizona 17. DATE OF DEATH (MONTH) March (DAY) 22 (YEAR) 1957 at 11:45 p.m.

5710
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, ASYHEMIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
MEDICAL CERTIFICATION
(A) Dysph. enteritica with a severe toxemia.
INTERVAL BETWEEN ONSET AND DEATH 2 days?
DUE TO (B) _____
DUE TO (C) _____

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-22-57, 1957, TO 3-22, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 2-22, 1957, AND THAT DEATH OCCURRED AT 11:45 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Dr. Stanley J. Horse, M.D. 22B. ADDRESS Globe 22C. DATE SIGNED 3-22-57

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 NOT WHILE AT WORK 23F. HOW DID INJURY OCCUR? _____

CORONER'S
CERTIFICATION

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

FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL CREMATION REMOVAL 25B. DATE March 24, 1957 25C. NAME OF CEMETERY OR CREMATORY Bylas Cemetery 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bylas, Arizona

26A. DATE REC. BY LOCAL REG. 3-22-57 26B. REGISTRAR'S SIGNATURE David Warner 27A. FUNERAL DIRECTOR'S SIGNATURE _____ 27B. ADDRESS Globe, Arizona