

E - on R.
 Ft. Apache Ag., Arizona
 BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1 04
 OF DEATH
 AND 97
 RESIDENCE
 X-

7
 CEDENT
 PERSONAL 3
 DATA 170

0

457

7955
 CAUSE
 OF
 DEATH

EM 18)

0
 OPERATIONS,
 AUTOPSY 9

EDICAL
 CERTIFICATION

DEATH
 DUE TO
 EXTERNAL
 VIOLENCE

RONER'S
 CERTIFICATION

INERAL
 DIRECTOR
 AND
 REGISTRAR 2

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 70 yrs. IN ARIZONA 70 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila		
C. CITY OR TOWN Rural - Canyon Day		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Rural - Canyon Day <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (At home)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) --		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) MACKLIN B. (MIDDLE) - C. (LAST) PALMER			4. SEX Male	5. COLOR OR RACE 4/4 Apache Ind.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widower	
6B. NAME OF SPOUSE Florence Palmer		7. DATE OF BIRTH MONTH 4 DAY 15 YEAR 87	8. AGE (IN YEARS LAST BIRTHDAY) 70	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Laborer		
9B. KIND OF BUSINESS OR INDUSTRY For hire	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	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. Unknown		
14A. FATHER'S NAME Unknown - deo		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Unknown - deo		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE Mrs. Mabel Palmer, Whiteriver, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 23, 1957			
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.						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) UNKNOWN. (No Medical Attendance)			INTERVAL BETWEEN ONSET AND DEATH --			
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			DUE TO (B) --			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			DUE TO (C) --			
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 _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 10:30 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE [Signature] (DEGREE OR TITLE) M.D.			22B. ADDRESS Whiteriver, Arizona		22C. DATE SIGNED 10-29-57	
23A. ACCIDENT (SPECIFY) SUICIDE		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 N		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 4-26-57		25C. NAME OF CEMETERY OR CREMATORY Familyplot, Rural, Gila Co., Canyon Day, Arizona		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
26A. DATE REC. BY LOCAL REG. 9-18-57		26B. REGISTRAR'S SIGNATURE Alice Phipps		27A. FUNERAL DIRECTOR'S SIGNATURE None		27B. ADDRESS