

CERTIFICATE OF DEATH

REGISTRAR'S NO. 623

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY (IN THIS TOWN) IN ARIZONA 3 days life IN CITY LIMITS <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
		A. STATE Arizona
		B. COUNTY Gila
		C. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital	D. STREET ADDRESS San Carlos Indian Reservation	E. IS RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Inf. Oscar Perry B. (MIDDLE) C. (LAST)	4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) infant
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6B. NAME OF SPOUSE none	7. DATE OF BIRTH MONTH DAY YEAR Oct 4 1957	8. AGE (IN YEARS LAST BIRTHDAY) 0	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant
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9B. KIND OF BUSINESS OR INDUSTRY infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Ariz.	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
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14A. FATHER'S NAME Oscar Perry	14B. BIRTHPLACE (STATE OR COUNTRY) San Carlos, Ariz.	15A. MOTHER'S MAIDEN NAME Selena Perry	15B. BIRTHPLACE (STATE OR COUNTRY) San Carlos, Ariz.
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16. INFORMANT'S SIGNATURE (father) Oscar Perry	ADDRESS San Carlos Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 26, 1958 at 9:05 p.m.
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT BEAR THE BODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT BEARS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days =
	E. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <i>Relational Bronchi-pneumonia</i>		
	DUE TO (B) _____ DUE TO (C) _____		
19. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			
20. IF 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [Signature] Jan 24, 1958 TO [Signature] Jan 26, 1958, THAT I LAST SAW THE DECEASED ALIVE ON [Signature] Jan 26, 1958, AND THAT DEATH OCCURRED AT [Signature] 9:05 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
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22A. SIGNATURE [Signature] (DEGREE OR TITLE)	22B. ADDRESS [Signature] 1-31-58	22C. DATE SIGNED
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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)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR
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24A. CORONER'S SIGNATURE [Signature]	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> [REMOVAL]	25B. DATE January 29, 1958	25C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona
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26A. DATE REC. BY LOCAL REG. 1-31-58	26B. REGISTRAR'S SIGNATURE [Signature]	26C. FUNERAL DIRECTOR'S SIGNATURE [Signature]	26D. ADDRESS
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27A. EMBALMER'S SIGNATURE [Signature]	27B. ADDRESS
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