

CERTIFICATE OF DEATH

REGISTRAR'S NO. 157

BIRTH NO.

7 04
E OF DEATH
7 AND 97
L RESIDENCE
DUE

PRECEDENT
PERSONAL
DATA 157

331X
CAUSE
OF
DEATH
ITEM 18)

RATIONS,
TJOPSY

MEDICAL
IFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CONER'S
IFICATION

NERAL
ECTOR
AND
STRAR

0 -

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <input checked="" type="checkbox"/> life <input type="checkbox"/> life		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE Arizona		B. COUNTY Gila	
C. CITY OR TOWN San Carlos		D. IN CITY LIMITS <input checked="" type="checkbox"/> E. OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN San Carlos		D. IN CITY LIMITS <input type="checkbox"/> E. OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER OR LOCATION) HOSPITAL OR INSTITUTION PHS Indian Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation			

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ernest			B. (MIDDLE) --			C. (LAST) Randall			4. SEX male		5. COLOR OR RACE Indian		6A. MARRIED, BYER MARRIED, WIDOWER, DIVORCED (SPECIFY) married	
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6B. NAME OF SPOUSE Jeanette M. Randall		7. DATE OF BIRTH MONTH DAY YEAR Jan 1 1901		8. AGE (IN YEARS) LAST BIRTHDAY 57		9. IF UNDER 1 YEAR MONTHS DAYS 2 2		10. IF UNDER 24 HRS. HOURS MIN. -- --		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED) Laborer - Cattleman			
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9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 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. 626-30-0743				
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14A. FATHER'S NAME Jacob Randall			14B. BIRTHPLACE (STATE OR COUNTRY) Arizona			15A. MOTHER'S MAIDEN NAME Hannah (unknown)			15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
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16. INFORMANT'S SIGNATURE (wife) Jeanette Randall				ADDRESS San Carlos, Ariz.				17. DATE OF DEATH MONTH DAY YEAR March 3 1958		18. INTERVAL BETWEEN ONSET AND DEATH 3 days	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebrovascular hemorrhage		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) hypertension			
		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) arteriosclerosis			

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 March 1 1958 TO March 3 1958, THAT I LAST SAW THE DECEASED ALIVE ON March 3 1958, AND THAT DEATH OCCURRED AT San Carlos, Arizona, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE Shirley Walker M.D.		22B. ADDRESS San Carlos, Arizona		22C. DATE SIGNED 3-12-58	
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23A. ACCIDENT (SPECIFY) 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		24B. ADDRESS		24C. DATE SIGNED	
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25A. BURIAL () CREMATION (X) CREMATION		25B. DATE March 8, 1958		25C. NAME OF CEMETERY OR CREMATORY Peridot Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Peridot, Arizona.	
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26A. DATE REC'D BY LOCAL REG 3-12-58		26B. REGISTRAR'S SIGNATURE Glen Russell		27. FUNERAL DIRECTOR'S SIGNATURE Shirley Walker		27B. ADDRESS Globe, Arizona.	
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28A. EMBALMER'S SIGNATURE Glen Russell		28B. EMBALMER'S CERT. NO. #323	
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