

CERTIFICATE OF DEATH

REGISTRAR'S NO. 179

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA life life	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
		A. STATE Arizona	B. COUNTY Gila
C. CITY OR TOWN Peridot	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Peridot	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Reservation		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reserv. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED A. (FIRST) John B. (MIDDLE) Randall C. (LAST)		A. SEX male	B. COLOR OR RACE Indian
6B. NAME OF SPOUSE ***		8A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed	
7. DATE OF BIRTH MONTHS DAY YEAR Oct 14 1897		8. AGE (IN YEARS) LAST BIRTHDAY) 60	
9B. KIND OF BUSINESS OR INDUSTRY Farm		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farm Laborer	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.	
12A. FATHER'S NAME Jacob Randall		12B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
13A. FATHER'S NAME Jacob Randall		13B. MOTHER'S MAIDEN NAME Hannah	
14. INFORMANT'S SIGNATURE Jacob Randall (Bro) San Carlos, Ariz		15. DATE OF DEATH (MONTH) (DAY) (YEAR) July 12 1958	
16. 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 (A) Heat Stroke (B) Alcoholic Intoxication (C) " " " "	
17. PLACE DISEASE CONTRACTED.		18. INTERVAL BETWEEN ONSET AND DEATH Unknown	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM UNATTENDED		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM UNATTENDED		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM UNATTENDED	
22A. SIGNATURE R.P. O'Neil, MD		22B. ADDRESS San Carlos Indian Hospital	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Heat stroke		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 75 ft. from Grocery Store	
23C. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 12, 1958 2 P.M.		23D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
24A. CORONER'S SIGNATURE		24B. HOW DID INJURY OCCUR? Unknown	
25A. BURIAL OR CREMATION (REMOVAL) <input type="checkbox"/>		25B. DATE July 26, 1958	
25C. NAME OF CEMETERY OR CREMATORY Peridot Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Peridot, Arizona	
26A. DATE REC'D BY LOCAL OFFICE 7-15-58		26B. REGISTRAR'S SIGNATURE Jacob Randall	
27A. FUNERAL DIRECTOR'S SIGNATURE Rosemary Wether		27B. ADDRESS Gila, Arizona	
28A. EMBALMER'S SIGNATURE Wether		28B. EMBALMER'S CERT. NO. 7323	