

CERTIFICATE OF DEATH

REGISTRAR'S NO. 717

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY (IN THIS COUNTY) IN ARIZONA <u>1 day</u> <u>1</u> life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Res.</u>		

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Inf.</u> B. (MIDDLE) <u>Arvin</u> C. (LAST) <u>McIntosh</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>8</u> YEAR <u>1957</u>		8. AGE (IN YEARS) IF UNDER 1 YEAR (LAST BIRTHDAY) MONTHS <u>1</u> DAYS <u>2</u> HOURS <u>29</u> MIN. <u>33</u>	
9. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Ariz.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <u>None</u>	
14A. FATHER'S NAME <u>Hubert McIntosh</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	
15A. MOTHER'S MAIDEN NAME <u>Cornelia Dosela</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	

16. INFORMANT'S SIGNATURE (Mother) <u>Cornelia B. McIntosh</u>		ADDRESS <u>San Carlos, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>December 7, 1958</u> p.m. <u>4:50</u>	
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. DROCH PNEUMONIA</u> <u>2. MALNUTRITION</u>		MEDICAL CERTIFICATION (A) <u>Droch pneumonia</u> DUE TO (B) <u>Malnutrition</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
19. PLACE DISEASE CONTRACTED: <u>San Carlos, Ariz.</u>		19. 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 Dec 5, 58 TO Dec 7, 58, THAT I LAST SAW THE DECEASED ALIVE ON Dec 7, 58, AND THAT DEATH OCCURRED AT Globe, Ariz. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Walter M. O'Brien MD</u>		22B. ADDRESS <u>Globe, Ariz.</u>		22C. DATE SIGNED <u>12-8-58</u>	
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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 <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	
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Dec 12, 1958</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona</u>		25E. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Wacker</u>		25F. ADDRESS	

26A. DATE REC. BY LOCAL REG. <u>12-8-58</u>		26B. REGISTRAR'S SIGNATURE <u>Gene James Wacker</u>		26C. EMBALMER'S SIGNATURE <u>Gene James Wacker</u>	
26D. EMBALMER'S CERT. NO. <u>1323</u>					

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