

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

9437

B - on R.
Ft. Apache Ag., Arizona
BIRTH NO. 12733

CERTIFICATE OF DEATH

REGISTRAR'S NO.

7/11/58
PLACE OF DEATH
7 AND 11
RESIDENCE
X

PRECEDENT 2
PERSONAL DATA 304
0
U58

7955
CAUSE OF DEATH
ITEM 18)
0
0

OPERATIONS
AUTOPSY 2

MEDICAL CERTIFICATION
1

DRONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR 16

0

1. PLACE OF DEATH A. COUNTY Maricopa Gila		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> IN ARIZONA <input checked="" type="checkbox"/> Life		2. USUAL RESIDENCE A. STATE Arizona		C. 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 checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (At Home)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charlene B. (MIDDLE) - C. (LAST) Palmer			4. SEX F.		5. COLOR OR RACE 1/4 Apache Ind.		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Nevermarried	
6B. NAME OF SPOUSE -			7. DATE OF BIRTH MONTH 8 DAY 14 YEAR 58		8. AGE (IN YEARS) LAST BIRTHDAY) MONTHS 4 DAYS 13 HOURS - MIN. -		8A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant	

9B. KIND OF BUSINESS OR INDUSTRY -		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. None	
14A. FATHER'S NAME James Palmer, Sr.			14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Mary Grigg			15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	

16. INFORMANT'S SIGNATURE Mrs. Mary G. Palmer, Whiteriver, Ariz.				ADDRESS				17. DATE OF DEATH (MONTH) December (DAY) 27 (YEAR) 1958			
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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.)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) UNKNOWN,									
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) _____							
3. 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"/>	
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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 _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE L. Kely...				22B. ADDRESS Whiteriver, Arizona			22C. DATE SIGNED 1-12-59		

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 type="checkbox"/>		23F. HOW DID INJURY OCCUR?			

24A. CORONER'S SIGNATURE		24B. ADDRESS				24C. DATE SIGNED			
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 12-28-58		25C. NAME OF CEMETERY OR CREMATORY Family plot, rural, Gila Co., Canyon Day, Arizona			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		
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26A. DATE REC. BY LOCAL REG. 1-8-59		26B. REGISTRAR'S SIGNATURE Miss Pip...			27A. FUNERAL DIRECTOR'S SIGNATURE None		27B. ADDRESS		
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28A. EMBALMER'S SIGNATURE				28B. EMBALMER'S CERT. NO.					
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