4470

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS
State File No. ~~[illegible]~~ 339 a a
Local Registrar's No.

1. PLACE OF DEATH
County Navajo State Ariz.
District or Township at large or Village ..... St., ... Ward
City Whiteriver No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Emma Gatewood
(a) Residence, No. Whiteriver Ariz. St., ... Ward. (If non-resident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurreed yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: Indian
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day and year): 4-18-17
7. AGE: Years 14, Months 3, Days ..... IF LESS than 1 day ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: attending
(b) General nature of industry, business or establishment in which employed (or employer): Boarding School
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Whiteriver Ariz.

PARENTS
10. NAME OF FATHER: Chester Gatewood
11. BIRTHPLACE OF FATHER (city or town) (State or country): Whiteriver Ariz.
12. MAIDEN NAME OF MOTHER: Mary Dahkoshay
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Whiteriver Ariz.

14. Informant: Riness Lavender
(Address): Whiteriver Ariz.

15. Filed ....., 19.... Mrs Harbert Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 16 (Day) 19 31 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....,
that I last saw h..... alive on ....., 19....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
not known
not attended by Physician
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? ....., M. D.
(Signed) ..... 19 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Whiteriver Ariz.
DATE OF BURIAL: 7-17-31
20. UNDERTAKER: Family.
ADDRESS: Whiteriver Ariz.

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