

2402

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location NO HOSP.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution NO HOSP.; In Community Life 65 yrs.; in Arizona Life 65 yrs.
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County Gila; (c) City or Town SAN CARLOS
 (If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Edna Major (b) If Veteran name war Yes (c) Social Security No. _____
 (If NONE write the word)

4. Sex Female 5. Color or Race Apache 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased _____ (Month) _____ (Day) _____ (Year) 1877

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Res. San Carlos Arizona (City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

12. Name Unknown

13. Birthplace ? (City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace ? (City, town or county) (State or Country)

16. (a) Informant's own signature Effie Bush
 (b) Address San Carlos Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place San Carlos (c) Date Mar. 18 1942

18. (a) Embalmer's Signature NONE
 (b) Funeral Director "
 (c) Address _____

19. (a) March 27 1942 (Date received local Registrar)
 (b) Robert W. Cunningham (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 17, 1942
 TIME (Hour and minute) 3:00 A.M. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1941 to Febr. 20, 1942,
 that I last saw h. ET alive on Febr. 20 1942, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION	
1 year	
PHYSICIAN	
Underline the cause to which death should be charged statistically	

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (b) Means of injury _____

23. Signature Robert W. Cunningham M. D.
 Address San Carlos Arizona Date signed _____