1955

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

87

State File No.
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution ---; In Community ---; in Arizona ---
(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)

If Yes, which country (If NONE write the word)

3. (a) FULL NAME Robert Randall (b) If Veteran name war Social Security No.

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

6. (b) Name of husband or wife --

6. (c) Age of husband or wife, if alive -- yrs.

7. Birthdate of deceased (Month) 12 (Day) 20 (Year) 1942

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

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

10. Usual Occupation None

11. Industry or Business None

Father
12. Name Ernest Randall
13. Birthplace San Carlos, Ariz. (City, town or county) (State or Country)

Mother
14. Maiden Name Maude Hoffman
15. Birthplace San Carlos, Ariz. (City, town or county) (State or Country)

16. (a) Informant's own signature Maude Randall
(b) Address San Carlos, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 12-20-19 42

18. (a) Embalmer's Signature ---
(b) Funeral Director ---
(c) Address ---

19. (a) 12-23-42 (Date received local Registrar)
(b) Joseph L. Sackett (Registrar's Signature)

20M 100% Reg 9-1941

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 20, 19 42;
TIME (Hour and minute) 3:30 P. M.

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

Immediate cause of death Stillbirth

Due to Chronic nephritis in mother

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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? (e) Means of injury

23. Signature Joseph L. Sackett
Address San Carlos, Ariz. Date signed 12-23-42 M.D.

San Carlos Agency, San Carlos Res.; San Carlos, Arizona
Not enrolled but eligible