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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

194

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. _____

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

(d) Length of Stay: In Hospital or Institution 21 hours; In Community Life; in Arizona Life-Six mos
(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) no
If Yes, which country _____
Social Security No. none (If NONE write the word)

3. (a) FULL NAME Phillip Naltazan, Jr. (b) If Veteran name war _____

4. Sex Male 5. Color or Race Apache 4/4 6. (a) Single, ~~Married~~ ~~Widowed~~ ~~Divorced~~ ~~Never~~ ~~Married~~

6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive no yrs.

7. Birthdate of deceased August 31 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 7 8 hrs. no min. no

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

10. Usual Occupation none

11. Industry or Business none

12. Name Phillip Naltazan, Sr.

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

14. Maiden Name Irene Dia

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

16. (a) Informant's own signature Phillip Naltazan, Sr.
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 2-9 1943

18. (a) Embalmer's Signature none
(b) Funeral Director none
(c) Address none

19. (a) 2-9-43
(Date received local Registrar)

(b) Joseph L. Sackler M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 8, 1943;
TIME (Hour and minute) 6:35 P. M.

21. I hereby certify that I attended the deceased from Feb. 7, 1943 to Feb. 8, 1943;
that I last saw him alive on Feb. 8, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar left lower lobe

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION
3 days

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. Sackler M. D.
Address San Carlos, Ariz. Date signed 2-9-43

San Carlos Agency, San Carlos Res., San Carlos, Arizona