

1508

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 100a

Registrar's No. _____

1. Place of Death: (a) County XXXX Gila (b) City or Town Rural (c) Location Ft. Apache Reservation
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution in home; In Community native; In Arizona 10/10/84
(Specify whether years, months or days)

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

(d) Street No. Fort Apache Reservation; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Anna Rose (b) If veteran name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Fe. 5. Color or Race 1/4 Apache Indian 6. (a) Single, married, widowed or divorced Wid.

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

7. Birthdate of deceased October 10, 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 11 If less than one day hrs. _____ min. _____

9. Birthplace Fort Apache Reservation
(City, town or county) (State or Country)

10. Usual Occupation housekeeper

11. Industry or Business own home

Father { 12. Name Unknown
13. Birthplace Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Charles Foster
(b) Address Whiteriver, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Carrisa, Ariz. (c) Date Apr. 23, 1943

18. (a) Embalmer's Signature --

(b) Funeral Director --

(c) Address --

19. (a) April 24, 1943
(Date received local Registrar)

(b) Alice Pipkin
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 22, 1943;
TIME (Hour and minute) _____ P. _____ M.

21. I hereby certify that I attended the deceased ~~from~~ on
April 22, 1943, to _____, 19____;
that I last saw her ex alive on April 22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disease, myocarditis, chronic, with decompensation.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

DURATION
unknown

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? _____ (a) Means of injury _____

23. Signature [Signature] M. D.
Address Whiteriver, Ariz. Date signed 4/24/43