

4997

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 577  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 6 days; In Community Life  
(Specify whether years, months or days); in Arizona Life  
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 \_\_\_\_\_  
3. (a) FULL NAME Tannyson Mallow (b) If Veteran name war None (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or Race Apache Ind. 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of ~~husband~~ or wife Sally D. Mallow 6. (c) Age of ~~husband~~ or wife, if alive 18 yrs.  
7. Birthdate of deceased 6 12 1919  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
24 4 14 hrs. min.  
9. Birthplace San Carlos Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Laborer  
11. Industry or Business \_\_\_\_\_  
Father } 12. Name Homer Mallow - deceased  
13. Birthplace San Carlos, Arizona  
(City, town or county) (State or Country)  
Mother } 14. Maiden Name Lucy Ransom - deceased  
15. Birthplace San Carlos, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Sally D. Mallow  
(b) Address San Carlos, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Peridot, Ariz. (c) Date 10-30 19 43  
18. (a) Embalmer's Signature None  
(b) Funeral Director Fred E. Jones  
(c) Address Globe, Arizona

19. (a) 10-26943  
(Date received local Registrar)  
(b) Joseph L. Sackler M.D.  
(Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 26, 1943;  
TIME (Hour and minute) 2:45 P. M.  
21. I hereby certify that I attended the deceased from  
October 20, 1943 to October 26, 1943;  
that I last saw him alive on October 26, 1943;

and that death occurred on the date and hour stated above.  
Immediate cause of death Advanced Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION Several years  
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, Arizona Date signed 10-26-43

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA