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E. ON R.
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 70
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 5 days; In Community Life; In Arizona Life
(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 _____
3. (a) FULL NAME Betty Jane Mallow (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased 10 4 42
(Month) (Day) (Year)
8. AGE: Years 1 Months _____ Days 10 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 _____
12. Name Tennyson Mallow - deceased
13. Birthplace San Carlos Arizona
(City, town or county) (State or Country)
14. Maiden Name Sally Dosela
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 (c) Date 11-15 19 43
18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address None

19. (a) 11-15-43
(Date received Local Registrar)
(b) Joseph L. Sackler
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) NOV. 14, 1943;
TIME (Hour and minute) 12:30 P. M.
21. I hereby certify that I attended the deceased from NOV. 9, 1943 to NOV. 14, 1943;
that I last saw him alive on NOV. 14, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Tuberculosis meningitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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 11-15-43

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