kiwur ent of		TANDARD CERTIFICATE OF DEATH Arizona Stat PLACE OF DEATH E. on R. BUREAU OF	e Board of Health VITAL STATISTICS State File No	4 ×
č	<u>,</u>	County Gila	State ARIZONA Registered N	**
ate .	F) .	Township	or Village	
XX ts	<u> </u>	City San Carlos No.	St	or
Si Si	<u> </u>	City San Carlos No	r institution, give its NAME instead of street and number)	Ward
PHYSICIANS Exact stater	_  L4	ength of residence in city or town where death occurred. Hyrs	L.Uds. How long in U. S. if of foreign birth?vrs mo	
	2.	FULL NAME Maude Hoffman Randall	# # 1 # A# A# AF	4ds.
. 'B	<b>⊒</b>	(a) Residence: San Carlos, Arizona (Usual place of abode)	(II non-resident give city or town an	
ACTLY. classified.	씱	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	u state)
EXACTLY. rly classifie	3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED, or DIVORCED, (Write	21. DATE OF DEATH (month, day, and year) 7-5	19 44
erly	a F	emale Apache 4/4 of Myorcen, (white the word) Harried	22. I HEREBY CERTIFY, That I attended decea	
<u>a</u>		. If married, widowed, or divorced		
stated prop	4]	HUSBAND of (or) WIFE of Ernest	I last saw h alive on, 19;	
쓮	n 6.	DATE OF BIRTH (month, day, and year) 1910	said to have occurred on the date stated above, ati.	
a)	의 7·	AGE Years Months Days If LESS than	The principal cause of death and related causes of	
	<u>تا</u>	34 0 0 ormin.	j j	of Onset
should t it m	- I _ I	8. Trade, profession, or particular kind of work done, as spinner,	Acute Heart Failure Su	
	ATTON	sawyer, bookkeeper, etc	!	
AGE sl so that	¥ a	9. Industry or business in which work was done, as silk mill, saw mill, hank etc.  Own Home		
4 8	<b>=</b> (2)	10. Date deceased last worked at   11. Total time (years)		
terms,		this occupation (month and spent in this occupation occupation	Other contributory causes of importance:	
; ;	12   12	. BIRTHPLACE (city or town) San Carlos, Arizona (State or Country)		
<b>5</b>		(State of Country)		
금표	FATHER	13. NAME Leslie Hoffman	***************************************	
ii ji	₹ [₹	14. BIRTHPLACE (city or town) San Carlos	Name of operation Date of	
HE	nl'	(State or Country) Arizona	What test confirmed diagnosis?	
AT.	MOTHER	15. MAIDEN NAME Edith Dudley	23. If death was due to external causes (violence) fill in also lowing:	
DEA	စစ်	16. BIRTHPLACE (city or town) San Carlos	Accident, suicide, or homicide? Date of injury Where did injury occur?	19
Q. si		(State or Country) Arizona INFORMANT Ernest Rendell	(Specify city or town, county and	State)
0 Z		(Address) San Carlos, Arizona	Specify whether injury occurred in industry, in home, or i	a public
SE OF	18	Burial, Cremation, or removal Burist	Manner of injury	
tate CAUSE	-	Place San Carlos Date 7-6 1944	Nature of injury	
D P	19	. EMBALMER License No. None	24. Was disease or injury in any way related to occupation	of de-
state CAUSE (OCCUPATION		(Signature	ceased?	
# O		Address Globe, Arizona	If so, specify	
	20	Filed 8 ] 4 19 44 7 14 18	(Signed)	
		Registrar	(Address) SED Carlos, Anicona	•