

19 18

SOCIAL SECURITY NO. Arizona State Board of Health

84

STANDARD CERTIFICATE OF DEATH
1. PLACE OF DEATH E. on R.
County Gila State ARIZONA
Township San Carlos
City San Carlos
2. FULL NAME Maude Hoffman Randall
(a) Residence San Carlos, Arizona

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE Apache 4/4
5. SINGLE, MARRIED, WIDOWED, or DIVORCED Married
6. DATE OF BIRTH 1910
7. AGE 34 Years 0 Months 0 Days
8. Trade, profession, or particular kind of work done Housewife
9. Industry or business in which work was done Own Home
12. BIRTHPLACE San Carlos, Arizona
13. NAME Leslie Hoffman
14. BIRTHPLACE San Carlos, Arizona
15. MAIDEN NAME Edith Dudley
16. BIRTHPLACE San Carlos, Arizona
17. INFORMANT Ernest Randall
18. BURIAL, CREMATION, OR REMOVAL Burial
19. EMBALMER License No. None Signature None
FUNERAL DIRECTOR Fred H. Jones
Address Globe, Arizona
20. Filed 8-14 1944 Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 7-5, 1944
22. I HEREBY CERTIFY, That I attended deceased from
I last saw h. alive on
said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:
Acute Heart Failure Sudden
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. D. Jones, M. D.
(Address) San Carlos, Arizona

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A VITAL RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.