

9548

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOCIAL SECURITY NO.
Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

State File No. 101

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township San Carlos or Village _____
 City _____ No. San Carlos Indian Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 2 yrs. 5 mos. 7 ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? 2 yrs. 5 mos. 7 ds.

2. FULL NAME Naomi Joyce Perry
San Carlos, Arizona
(a) Residence: (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Indian-Apache</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>2-27, 1946</u>							
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>February 25, 1946 to February 27, 1946</u> I last saw h. or alive on <u>February 27, 1946</u> ; death is said to have occurred on the date stated above, at <u>11:00am.</u> The principal cause of death and related causes of importance were as follows:							
6. DATE OF BIRTH (month, day, and year) <u>9-20-43</u>				<table border="1" style="width: 100%;"> <tr> <th>Importance</th> <th>Date of Onset</th> </tr> <tr> <td><u>007 Dysentery, bacillary (Food Poison)</u></td> <td><u>1 week</u></td> </tr> <tr> <td colspan="2">Other contributory causes of importance:</td> </tr> </table>		Importance	Date of Onset	<u>007 Dysentery, bacillary (Food Poison)</u>	<u>1 week</u>	Other contributory causes of importance:	
Importance	Date of Onset										
<u>007 Dysentery, bacillary (Food Poison)</u>	<u>1 week</u>										
Other contributory causes of importance:											
7. AGE		If LESS than 1 day, hrs. or min.									
Years <u>2</u>	Months <u>5</u>	Days <u>7</u>									
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>											
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>											
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or Country)											
13. NAME <u>James Perry (Deceased)</u>											
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or Country)											
15. MAIDEN NAME <u>Emma Bendle</u>											
16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or Country)											
17. INFORMANT <u>Hertha C. Anderson, R.N.</u> (Address) <u>San Carlos Indian Hospital</u>											
18. BURIAL CERTIFICATE OR RECORD Place <u>San Carlos, Arizona</u> Date <u>2-28, 1946</u>											
19. EMBALMER { License No. <u>none</u> Signature <u>none</u>											
FUNERAL DIRECTOR <u>Fred H. Jones</u> Address <u>Globe, Arizona</u>											
20. Filed <u>March 5, 1946</u> <u>R.D. Cunningham</u> Registrar											
				Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No.</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ 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) <u>R.D. Cunningham</u> M. D. (Address) <u>San Carlos, Arizona.</u>							