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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 77

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 3 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) ---

3. (a) FULL NAME NORMAN, Stanley (b) If Veteran name war --- (c) Social Security No. ---

4. Sex Male 5. Race Apache 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 Dec. 1st 1946
(Month) (Day) (Year)

8. AGE: Years 5 Months 14 Days --- hrs. --- min. ---

9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Infant

11. Industry or Business _____

12. Name Stanton Norman

13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

14. Maiden Name Ida Polk

15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature (Sgd) Ida Norman

(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place San Carlos (c) Date May 16, 1947

18. (a) Embalmer's Signature None

(b) Funeral Director Family

(c) Address San Carlos, Arizona

19. (a) 6/5/47
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 15, 1947
TIME (Hour and minute) 7:00 a. m. M.

21. I hereby certify that I attended the deceased from May 12, 1947 to May 15, 1947
that I last saw him alive on May 14, 1947

and that death occurred on the date and hour stated above.
Immediate cause of death Inanition

Due to Diarrhea and enteritis, acute, severe.

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations none

Of autopsy none

DURATION 1 week

3 wks

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 [Signature] M. D.

Address San Carlos, Ariz Date signed 6/5/47