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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location At home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; 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 POLK, Lydia (b) If veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race Apache 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental Apache
6. (b) Name of husband or wife Nelson Polk 6. (c) Age of husband or wife, if alive 38 yrs.

7. Birthdate of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years App. 35 Months - Days - hrs. - min. -
9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Housewife
11. Industry or Business Hwf.
Father { 12. Name Unknown
13. Birthplace "
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred Phillip (Bro)
(b) Address San Carlos, Arizona

17. (a) Burial, ~~Cremation or Removal~~ Burial
(b) Place San Carlos, Ariz. Date 8-30- 19 47
18. (a) Embalmer's Signature S/ Frank B. Healy
(b) Funeral Director Frank B. Healy
(c) Address 328 So. Hill St. Globe, Ariz.

19. (a) 9-4-47
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 27, 19 47;
TIME (Hour and minute) 4:00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;
that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Compound, comminuted fracture of skull.

Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
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) Homicide
(b) Date of occurrence Aug. 27, 1947
(c) Where did injury occur? San Carlos Gila Ariz.
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (c) Means of injury Axe
23. Signature [Signature] M. D.
Address San Carlos, Arizona Date signed 9-3-47