2329

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. 60
Registrar's No. 654

1. Place of Death: (a) County Coconino (b) City or Town Tuba City, Arizona (If outside city limits also write RURAL) (c) Location Western Navajo Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 20 hr, 50 min.; In Community 20 hr, 50 min.; In Arizona 11 mo, 29 days. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Coconino; (c) City or Town Gray Mt. (Rural) (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Truman Singer (b) If veteran name war (c) Social Security No.

4. Sex: Male

5. Race: White ☐ Indian ☒ Negro ☐ Oriental ☐

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 September (Month) 3, (Day) 1946 (Year)

8. AGE: Years | Months 11o | Days 29 | If less than one day hrs. min.

9. Birthplace Grey Mt, Coconino, Arizona (City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

Father
12. Name Harry Singer, C#77303
13. Birthplace Navajo Reservation, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Goldie Mexican, C#71360
15. Birthplace Navajo Reservation, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Western Navajo Hosp.
(b) Address Tuba City, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Tuba City, Ariz. (c) Date 9/2/ 19 47

18. (a) Embalmer's Signature
(b) Funeral Director Western Navajo Hospital
(c) Address Tuba City, Arizona

19. (a) 11-7-47 (Date received Local Registrar)
(b) Rose C. Jones (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 2, 19 47;
TIME (Hour and minute) 3:20 P.M.

21. I hereby certify that I attended the deceased from 6:30 P.M. September 1, 19 47 to September 2, 19 47; that I last saw him alive on September 2, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death
Diarrhea and enteritis.
Cause: undetermined.
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)
(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 J. F. Montroy M. D.
Address J. F. Montroy, Physician, Tuba City, Arizona Date signed 9/30/47

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