

2360

98

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. _____

(c) Location Hospital
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 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) _____
If Yes, which country _____ (c) Social Security No. _____
(b) If veteran name war _____

3. (a) FULL NAME MALLOW, Dale
4. Sex Male 5. Race Apache 4/4 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. ___ min.

7. Birthdate of deceased Sept. 19, 1947
(Month) (Day) (Year)
8. AGE: Years 8 Months _____ Days _____ If less than one day
hrs. _____ min _____
9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Infant
11. Industry or Business Unknown
Father { 12. Name _____ (State or Country)
13. Birthplace _____ (City, town or county) (State or Country)
Mother { 14. Maiden Name Barbara Mallow
15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Hosp. record.
(b) Address San Carlos, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos, (c) Date 9-26-1947
18. (a) Embalmer's Signature None
(b) Funeral Director _____
(c) Address _____

19. (a) 9-26-47 (Date received Local Registrar)
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 26, 1947
TIME (Hour and minute) 3:20 A.
21. I hereby certify that I attended the deceased from Sept. 24 to Sept. 26, 1947
that I last saw him alive on Sept. 25, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Inanition and lack of vital stamina

Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations None
Of autopsy None
DURATION Life
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, Arizona Date signed 9-26-47