

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

4810

State File No. _____

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 18 hrs.; 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 Peridot
(If outside city limits also write RURAL)

(d) Street No. Rural (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Patten, Charles (b) If veteran name war Discharge (c) If Yes, which county Gila (d) 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 November 7 1923
(Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 30 hrs. _____ min. _____
If less than one day

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

10. Usual Occupation None

11. Industry or Business _____

Father { 12. Name Earl Patten
 13. Birthplace San Carlos Agency Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Susie Arnold
 15. Birthplace San Carlos Agency Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Chart

(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Peridot (c) Date 7 Sept. 19 48

18. (a) Embalmer's Signature No Embalmer

(b) Funeral Director From Home no burial

(c) Address Director

19. (a) Sept. 28, 1948

(b) R.V. Rogers (Date received Local Registrar)

(c) R.V. Rogers (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6 September 1948
 TIME (Hour and minute) 1:50 p.m. M.

21. I hereby certify that I attended the deceased from 6:30 p.m. Sept. 5 1948 to Sept. 6 1948
 that I last saw him alive on Sept. 6 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea

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 R.V. Rogers M. D.

Address San Carlos, Ariz. Date signed 9-16-48