

24 18

Copy 2 attached affidavits

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7207

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH 04 04 7/97 6	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona. B. COUNTY Gila	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos, Arizona		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos,	
USUAL RESIDENCE 6	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Lifetme		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Joseph B. (MIDDLE) *** C. (LAST) Reppert		4. SEX Male	5. COLOR OR RACE Indian
DECEDENT 3	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR 1870 78	B. AGE YEARS MONTHS DAYS 78	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Pension
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
PERSONAL DATA 178	14A. FATHER'S NAME Not known	14B. BIRTHPLACE (STATE OR COUNTRY) AKHKKKKY	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)
	16. INFORMANT'S SIGNATURE Paul Shorter, San Carlos, Arizona	ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 22, 1948	13. SOCIAL SECURITY NO.
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† (a) _____ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
OPERATIONS, AUTOPSY 2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
DEATH DUE TO EXTERNAL VIOLENCE X =	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____ AND THAT DEATH OCCURRED AT _____, M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE Rev. Walker Tonto, Ordained Minister		23B. ADDRESS Cibicue, Arizona.	23C. DATE SIGNED 4/3/51
MEDICAL CORONER'S CERTIFICATION 6	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	25A. DATE REC'D BY STATE REG. May 29, 1951	25B. REGISTRAR'S SIGNATURE J. P. Ward		26. FUNERAL DIRECTOR'S SIGNATURE Rev. Walker Tonto, Ordained Minister, Independent Church of God.
FUNERAL DIRECTOR AND REGISTRAR	27. EMBALMER'S SIGNATURE		CERT. NO.	
	FORM VS 2 REV. 8-30 20M			