

2158

260X
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH
STATE FILE NO. 1235
REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE
04 X
97
0004
6

IDENTIFY PERSONAL DATA
2
3
1
60
0
2/9

CAUSE OF DEATH (ITEM 18)
260X
0
0
✓

OPERATIONS, AUTOPSY
9

DEATH DUE TO INTERNAL INJURY
X

MEDICAL CORONER'S CERTIFICATION
1

FUNERAL DIRECTOR AND REGISTRAR
X
2

1. PLACE OF DEATH A. COUNTY <u>Gila</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>San Carlos</u> C. LENGTH OF STAY IN THIS PLACE <u>life</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>San Carlos Indian Hospital</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>San Carlos</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Jenny</u> B. (MIDDLE) <u>McAdoo</u> C. (LAST) <u>McAdoo</u>			4. SEX <u>Female</u>
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>1</u> DAY <u>30</u> YEAR <u>1889</u>	8. AGE YEARS <u>60</u> MONTHS <u></u> DAYS <u></u>
9. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
14. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Unknown</u>
16. INFORMANT'S SIGNATURE <u>Hospital Chart</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb.</u> <u>21</u> <u>1949</u>	
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, ASTHMA, 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) <u>Diabetic</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ 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	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		21G. (CITY OR TOWN) (COUNTY) (STATE)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1-31</u> 19 <u>49</u> TO <u>2-21</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>2-21</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>9 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>R.V. Rogers</u>		23B. ADDRESS <u>San Carlos, Arizona</u>	
23C. DATE SIGNED <u>Feb. 21, 1949</u>		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 22, 1949</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Peridot</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>Feb. 21, 1949</u>		25B. REGISTRAR'S SIGNATURE <u>R.V. Rogers</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS	