

2159

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1236

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Peridot</u>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>life</u> <u>life</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Peridot</u>
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <u>Richard</u> B. (MIDDLE) <u>Nakiz</u> C. (LAST)		4. SEX <u>Male</u>
	5. COLOR OR RACE <u>Ind. 4/4 Apache</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>2</u> DAY <u>17</u> YEAR <u>78</u>		8. AGE YEARS <u>71</u> MONTHS _____ DAYS _____
	9. KIND OF BUSINESS OR INDUSTRY <u>none</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>
	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>
13. SOCIAL SECURITY NO. _____		14A. FATHER'S NAME <u>UNKNOWN</u>	14B. BIRTHPLACE (STATE OR COUNTRY) _____
15A. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		15B. BIRTHPLACE (STATE OR COUNTRY) _____	
16. INFORMANT'S SIGNATURE <u>Agency Record</u>		ADDRESS <u>San Carlos, Arizona</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb. 2, 1949</u>
CAUSE OF DEATH (ITEM 18)	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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN, no doctor in attendance</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Senility</u> 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"/>		
DEATH DUE TO EXTERNAL INFLUENCE	21A. ACCIDENT (SPECIFY) _____ SUICIDE _____ HOMICIDE _____		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 _____
MEDICAL CORONER'S CERTIFICATION	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____
	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 <u>R.V. Rogers</u> (DEGREE OR TITLE) <u>M.D.</u>		23B. ADDRESS <u>San Carlos, Arizona</u>
FUNERAL DIRECTOR AND REGISTRAR	23C. DATE SIGNED _____		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>
	24B. DATE <u>Feb. 3, 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>2-3-49</u>	
25B. REGISTRAR'S SIGNATURE <u>R.V. Rogers</u>		26. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	