

352

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

2319

REGISTRAR'S NO.

14 04
97
8004
6

1. PLACE OF DEATH
A. COUNTY **Gila**
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN **San Carlos**
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **life**
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION **San Carlos Indian Hospital**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE **Arizona** B. COUNTY **Gila**
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN **San Carlos**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) **Festus** B. (MIDDLE) C. (LAST) **Pelone**
4. SEX **Male**
5. COLOR OR RACE **4/4 Apache Indian**

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH DAY YEAR **1869 80**
8. AGE YEARS MONTHS DAYS
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **none**

9B. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Arizona**
11. CITIZEN OF WHAT COUNTRY? **U.S.A.**
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) **No**
13. SOCIAL SECURITY NO. - - - - -

14A. FATHER'S NAME **Unknown**
14B. BIRTHPLACE (STATE OR COUNTRY) **Arizona**
15A. MOTHER'S MAIDEN NAME **Unknown**
15B. BIRTHPLACE (STATE OR COUNTRY) **Arizona**

16. INFORMANT'S SIGNATURE **Hospital Chart** ADDRESS **San Carlos, Arizona**
17. DATE OF DEATH (MONTH) (DAY) (YEAR) **May 14, 1949**

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) **Enterocolitis**
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) **Myodegeneration of heart**
DUE TO (c) **Dehydration - diarrhea**
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH
4 - 5 days
years
3 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **May 14, 1949** TO **May 14, 1949**. THAT I LAST SAW THE DECEASED ALIVE ON **May 14, 1949** AND THAT DEATH OCCURRED AT **5:25 PM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) **Saunder R. Little M.D.**
23B. ADDRESS **San Carlos, Arizona**
23C. DATE SIGNED **May 14, 1949**

24A. BURIAL CREMATION REMOVAL
24B. DATE **May 16, 1949**
24C. NAME OF CEMETERY OR CREMATORY **San Carlos**
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **San Carlos, Arizona**

25A. DATE REC'D BY LOCAL REG. **May 14, 1949**
25B. REGISTRAR'S SIGNATURE **S. R. Little**
26. FUNERAL DIRECTOR'S SIGNATURE **None** ADDRESS

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