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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH			
A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <b>San Carlos</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>San Carlos</b>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>life</b>		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>San Carlos Indian Hospital</b>	
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		4. SEX <b>Male</b>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Edward</b> B. (MIDDLE) C. (LAST) <b>Parson</b>		5. COLOR OR RACE <b>4/4 Apache Indian</b>	
6. MARRIED - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <b>81 1868</b>	
8. AGE YEARS MONTHS DAYS <b>81</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Pensioner</b>	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	
11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes Indian Scout</b>	
13. SOCIAL SECURITY NO.		14A. FATHER'S NAME <b>Unknown</b>	
14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		16. INFORMANT'S SIGNATURE <b>Catherine Wathogema, San Carlos, Arizona</b>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 18, 1949</b>		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. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Myodegeneration of heart</b>	
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 type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June 16, 19 49</b> TO <b>June 18, 19 49</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>June 18, 19 49</b> AND THAT DEATH OCCURRED AT <b>1:35 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <b>S. Smith M.D.</b>	
23B. ADDRESS <b>San Carlos, Arizona</b>		23C. DATE SIGNED <b>June 18, 1949</b>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>June 19, 1949</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>San Carlos</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Carlos, Arizona</b>	
25A. DATE REC'D BY LOCAL REG. <b>June 18, 1949</b>		25B. REGISTRAR'S SIGNATURE <b>S. Smith</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>None</b>		ADDRESS -----	