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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4005

CERTIFICATE OF DEATH

BIRTH NO. 9268

DEATH 7 SIDENCE 6	1. PLACE OF DEATH A. COUNTY Gila				2. USUAL RESIDENCE A. STATE Arizona				REGISTRAR'S NO.				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos				C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life				B. COUNTY Gila				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) San Carlos Indian Hospital								D. STREET ADDRESS (IF RURAL, GIVE LOCATION)				
2 3 2 2 201 0 84/9	3. NAME OF DECEASED A. (FIRST) Ida			B. (MIDDLE) Sue			C. (LAST) Randall			4. SEX Female		5. COLOR OR RACE 4/4 Apache Indian	
	6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 7 15 49			8. AGE YEARS MONTHS DAYS 1 11			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Infant		9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		
	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)		13. SOCIAL SECURITY NO.	
	14A. FATHER'S NAME Lester Randall				14B. BIRTHPLACE (STATE OR COUNTRY) Arizona			15A. MOTHER'S MAIDEN NAME Armeda Hunter			15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
16. INFORMANT'S SIGNATURE Hospital Chart				ADDRESS San Carlos, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Aug. 26, 1949					
SE 720 TH 0 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.												
	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a): Exposure to cold										INTERVAL BETWEEN ONSET AND DEATH Several hours.		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition										41 days		
IONS, 9 PSY	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION								
	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>												
TH X TO NAL NCE	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?				
CAL 1 NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug. 26 19 49 TO Aug. 26 19 49 ALIVE ON Aug. 26 19 49 AND THAT DEATH OCCURRED AT 7:30 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.												
	23A. SIGNATURE Sander K. H. M. D.				23B. ADDRESS San Carlos, Arizona				23C. DATE SIGNED Aug. 26, 1949				
CAL X6 TOR RAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Aug. 26, 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. Aug. 26, 1949		25B. REGISTRAR'S SIGNATURE S. K. H.				26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS none				27. EMBALMER'S SIGNATURE CERT. NO. none		