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

STATE FILE NO. 4463

REGISTRAR'S NO.

BIRTH NO. 1575

DEATH 7	1. PLACE OF DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>San Carlos</u>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>San Carlos</u>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>life</u> <u>life</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
DENCE 2	3. NAME OF DECEASED A. (FIRST) <u>Shirley</u> B. (MIDDLE) <u>Jean</u> C. (LAST) <u>Norman</u>			4. SEX <u>Female</u>		5. COLOR OR RACE <u>4/4 Apache Indian</u>
	6. MARRIED - - - - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>2</u> DAY <u>15</u> YEAR <u>1949</u>		8. AGE YEARS <u>5</u> MONTHS <u>17</u> DAYS
	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>None</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
T 2 AL 204 0 849	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>			13. SOCIAL SECURITY NO. <u>- - - -</u>		14. FATHER'S NAME <u>Stanton Norman</u>
	15. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>			16. INFORMANT'S SIGNATURE <u>Ida Norman</u> ADDRESS <u>San Carlos, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>1</u> (YEAR) <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, 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) <u>Diarrhea (No doctor in attendance)</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
INS, Y 9	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	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?	
L ER'S TION	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.					23. DATE SIGNED <u>8-30-49</u>
	23A. SIGNATURE <u>Sander R. H. M.D.</u> (DEGREE OR TITLE)			23B. ADDRESS <u>San Carlos</u>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>August 2, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>	
AL OR AR	25A. DATE REC'D BY LOCAL REG. <u>8-30-49</u>		25B. REGISTRAR'S SIGNATURE <u>S. R. H.</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>None</u> ADDRESS <u>- - - -</u>	