

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

81.

BIRTH NO.

PLACE OF DEATH AND USUAL 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 OR TOWN <u>Globe</u> ) (RURAL)				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>San Carlos</u>				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Ind. Reservation</u>				
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Infant Girl Nasewytewa</u>			B. (MIDDLE)		C. (LAST)		4. SEX <u>fe</u>	5. COLOR OR RACE <u>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>Oct.</u> DAY <u>22</u> YEAR <u>1950</u>		8. AGE YEARS <u>**</u> MONTHS <u></u> DAYS <u></u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>infant</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Ariz.</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, GIVE DATES OF SERVICE) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>
	14A. FATHER'S NAME <u>Harry H. Nasewytewa</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Genevieve Victor</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>
	16. INFORMANT'S SIGNATURE <u>Harry H. Nasewytewa</u>				ADDRESS <u>San Carlos, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 22, 1950 4:30 p.m.</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, ASTHMA, 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>S. L. L. born 7 months pregnancy</u> ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) 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.					INTERVAL BETWEEN ONSET AND DEATH	
	OPERATIONS, AUTOPSY		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	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) (MINUTE) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>S. L. L. born</u> 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>Alexander J. Bosse</u> (DEGREE OR TITLE)				23B. ADDRESS <u>Globe</u>		23C. DATE SIGNED <u>10.23.50</u>		
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>Oct. 24, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona</u>		
	25A. DATE REC'D BY LOCAL REG. <u>10-23-50</u>		25B. REGISTRAR'S SIGNATURE <u>Doree Wauvelle</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Walker</u>		27. EMBALMER'S SIGNATURE <u>Jesse James Walker</u> #523		