

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

DEATH RESIDENCE	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>Peridot</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>1 day</b> <b>life</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>At home without medical attendance.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>--</b>	

NT VAL A301 0 450	3. NAME OF DECEASED (TYPE OR PRINT) <b>Baby boy</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>4/4 Apache Indian</b>
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH DAY YEAR <b>April 26 1950</b>	
	8. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Newborn</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>Newborn</b>			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>No</b>		
13. SOCIAL SECURITY NO. <b>none</b>			14A. FATHER'S NAME <b>Ernest Nosie</b>		
14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>			15A. MOTHER'S MAIDEN NAME <b>Charlotte Smith</b>		
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>			16. INFORMANT'S SIGNATURE <b>Ernest Nosie</b>		
ADDRESS <b>Peridot, Arizona.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 27 1950</b>		

IE0202 H 0 18) 6	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		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a). <b>Congenital Syphilis.</b>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b). DUE TO (c).		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ONS. SY 2 H O VAL CE	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 **the deceased was not seen alive.**

AND THAT DEATH OCCURRED AT **3 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <b>Saudor Fritzke, M.D.</b>	23B. ADDRESS <b>San Carlos, Arizona.</b>	23C. DATE SIGNED <b>April 28, 1950</b>
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AL OR 6 AR 2	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <b>April 28, 1950</b>	24C. NAME OF CEMETERY OR CREMATORY <b>San Carlos Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Carlos, Arizona.</b>
	25A. DATE REC'D BY LOCAL REG. <b>April 28, 1950.</b>		25B. REGISTRAR'S SIGNATURE <b>S. Fritzke</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank C. Bray</b>
				27. EMBALMER'S SIGNATURE <b>Frank C. Bray 248-A.</b>	