

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

DEATH IDENCE	1. PLACE OF DEATH A. COUNTY Gila				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 1/2 hr. life	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos				
	D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) --				
2 NT IAL 206 0 550	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Morton			B. (MIDDLE)		C. (LAST) Patterson		4. SEX Male	5. COLOR OR RACE Indian
	6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Oct DAY 25 YEAR 1949		8. AGE YEARS MONTHS DAYS 4 6 25		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). child			
	9B. KIND OF BUSINESS OR INDUSTRY child	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) No		13. SOCIAL SECURITY NO. none	
	14A. FATHER'S NAME Ernest Patterson		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Emily Jones		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
	16. INFORMANT'S SIGNATURE <i>August Rudolph Clark</i>				ADDRESS San Carlos, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 11 1950		
E 4917 H 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 CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia.						INTERVAL BETWEEN ONSET AND DEATH 36 hours.	
		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.							
ONS, SY 2 4 0 AL CE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
AL IER'S TION	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 May 10 1950 TO May 10 1950 THAT I LAST SAW THE DECEASED ALIVE ON May 10 1950 AND THAT DEATH OCCURRED AT 1:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
IL OR AR 2	23A. SIGNATURE <i>Sander Ziffa, M.D.</i>				23B. ADDRESS San Carlos, Arizona.		23C. DATE SIGNED May 18, 1950.		
	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	24B. DATE May 11, 1950	24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.				
25A. DATE REC'D BY LOCAL REG. May 18, 1950.		25B. REGISTRAR'S SIGNATURE <i>S. Ziffa</i>			26. FUNERAL DIRECTOR'S SIGNATURE Buried by parents.		ADDRESS San Carlos, Arizona.		
				27. EMBALMER'S SIGNATURE		CERT. NO.			