

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3421

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

| | | | | | | | | | |
|--|--|--|--|--|--|---|---|---|--|
| 34 OF DEATH AND 2004 RESIDENCE | 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 4 days life | | C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN San Carlos Ind. Reservath | | | | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) San Carlos Hospital | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation | | | | |
| 7 DENT SONAL ATA 103 0 750 492X USE OF ATH 181 0 | 3. NAME OF DECEASED A. (FIRST) Alfred * B. (MIDDLE) - C. (LAST) May | | | 4. SEX male | 5. COLOR OR RACE Indian | | | | |
| | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 7. DATE OF BIRTH MONTH Sept DAY 23 YEAR 1946 | | 8. AGE YEARS 3 MONTHS 9 DAYS 28 | | IF UNDER 24 HOURS HOURS ** MIN. ** | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED). infant |
| | 9B. KIND OF BUSINESS OR INDUSTRY infant | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Miami, 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 Herbert May | | | 14B. BIRTHPLACE (STATE OR COUNTRY) Arizona | | 15A. MOTHER'S MAIDEN NAME Ella Shank | | 15B. BIRTHPLACE (STATE OR COUNTRY) Arizona | |
| | 16. INFORMANT'S SIGNATURE Herbert May San Carlos, Ariz. | | | | ADDRESS San Carlos, Ariz. | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 21, 1950 11:35 p.m. | | |
| 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) Virus Pneumonia 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. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 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) | | | | | |
| 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 July 18 19 50 TO July 20 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON July 20 19 50 AND THAT DEATH OCCURRED AT 11:35 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | | | |
| 23A. SIGNATURE (DEGREE OR TITLE) Sauator Frith, M.D. | | | | 23B. ADDRESS San Carlos, Arizona | | 23C. DATE SIGNED July 21, 1950 | | | |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE July 22, 1950 | | 24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Ariz. | | | |
| 25A. DATE REC'D BY LOCAL REG. 7/25/50 | | 25B. REGISTRAR'S SIGNATURE S. Frith | | 26. FUNERAL DIRECTOR'S SIGNATURE Frank P. Gray ADDRESS San Carlos, Ariz. | | 27. EMBALMER'S SIGNATURE, (no embalming) CERT. NO. | | | |