

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 04 E. OF DEATH 97 AND RESIDENCE 6	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 RURAL) <b>San Carlos</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>life</b>   <b>life</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>San Carlos</b>				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>San Carlos Indian Reservation.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>San Carlos Indian Reservation.</b>				
CEDENT PERSONAL DATA/8/1 3 950	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Olive</b> B. (MIDDLE) C. (LAST) <b>Nakiz</b>			4. SEX <b>Female</b>	5. COLOR OR RACE <b>Indian</b>				
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <b>?</b> DAY <b>?</b> YEAR <b>1869</b>	8. AGE YEARS <b>81</b> MONTHS <b>-</b> DAYS <b>-</b>	IF UNDER 24 HOURS HOURS <b>-</b> MIN. <b>-</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>housewife</b>				
	9B. KIND OF BUSINESS OR INDUSTRY <b>housewife</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> <b>-</b> <b>-</b>	13. SOCIAL SECURITY NO. <b>none</b>				
	14A. FATHER'S NAME <b>(Unknown)</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>(Unknown)</b>	15A. MOTHER'S MAIDEN NAME <b>(Unknown)</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>(Unknown)</b>				
	16. INFORMANT'S SIGNATURE <i>Mrs. Rudal</i>			ADDRESS <b>San Carlos, Arizona.</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>September 17 1950</b>			
4221 CAUSE OF DEATH (FEM 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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia.</b>				DUE TO (b) <b>Myodegeneration of heart.</b>				years
	DUE TO (c) <b>Arteriosclerosis.</b>				II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Senility.</b>				years
OPERATIONS, STOPIST	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)				
DEATH DUE TO INTERNAL OR EXTERNAL OR OTHER	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 _____ TO _____ THAT I LAST SAW THE DECEASED ALIVE ON <b>Sept. 17, 1950</b> AND THAT DEATH OCCURRED AT <b>4 A.M.</b> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDICAL OFFICER'S CERTIFICATION	23A. SIGNATURE <i>Sandra Little, M.D.</i>			(DEGREE OR TITLE)		23B. ADDRESS <b>San Carlos, Arizona.</b>		23C. DATE SIGNED <b>Sept. 17, 1950</b>	
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <b>Sept. 19, 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>		
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <b>Sept. 18, 1950.</b>		25B. REGISTRAR'S SIGNATURE <i>S. Little</i>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Buried by family.</b>			27. EMBALMER'S SIGNATURE	
								CERT. NO	