

CERTIFICATE OF DEATH

BIRTH NO. **3178**

REGISTRAR'S NO.

04 04
E OF DEATH
97
AND
0004
RESIDENCE
6

83
CEDENT
PERSONAL
DATA 208

0
X50

0561
CAUSE
OF
DEATH
EM 18)

OPERATIONS,
AUTOPSY
DEATH
CERTIFICATE
FURNISHED

MEDICAL
PROVER'S
CERTIFICATION

GENERAL
DIRECTOR
AND
REGISTRAR

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) 1 day life	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Indian Hospital.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Olive B. (MIDDLE) Noline C. (LAST)			4. SEX female
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 Mar. DAY 1 YEAR 1950	8. AGE YEARS - MONTHS 8 DAYS 17	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) 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 Albert Patten		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Hattie Major
15B. BIRTHPLACE (STATE OR COUNTRY) Arizona			
16. INFORMANT'S SIGNATURE <i>James Hubbell</i>		ADDRESS San Carlos, Arizona.	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 18 1950			
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) PERTUSSIS		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) pneumonia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pertussis.	
INTERVAL BETWEEN ONSET AND DEATH 4 days		weeks	
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 Nov. 17 , 19 50 , TO Nov. 18 , 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON Nov. 18 , 19 50 , AND THAT DEATH OCCURRED AT 2:20 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>Paula Ritter</i>		23B. ADDRESS San Carlos, Arizona.	
23C. DATE SIGNED Nov. 18, 1950			
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	24B. DATE Nov. 18, 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. Nov. 28, 1950.	25B. REGISTRAR'S SIGNATURE <i>S. Ritter</i>	26. FUNERAL DIRECTOR'S SIGNATURE Buried by family.	
27. EMBALMER'S SIGNATURE		CERT. NO	