

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 04
E OF DEATH
97
AND
RESIDENCE
6

7
EDENT
PERSONAL
DATA 701
0
XJ2

2865
CAUSE
OF
DEATH
(EM 18) 0

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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 life 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 HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION At own home without medical attend.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian reservation.	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Bernard B. (MIDDLE) C. (LAST) Randall			4. SEX male	5. COLOR OR RACE Indian
6. MARRIED - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR Oct. 29 1949	8. AGE YEARS MONTHS DAYS 1 - 29	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) 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 Walter Randall	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Sadie Thompson	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE <i>Walter Randall</i>		ADDRESS San Carlos, Arizona	17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 28 1950	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Inanition		months
	ANTECEDENT CONDITIONS MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) 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. Malnutrition		months

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 ~~THE TIME OF DEATH TO THE TIME OF BURIAL~~ THAT I LAST SAW THE DECEASED ~~ON~~ ON Nov. 28, 1950, AND THAT DEATH OCCURRED AT 2 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>Sandra Riffa</i>	(DEGREE OR TITLE) M. S.	23B. ADDRESS San Carlos, Arizona.	23C. DATE SIGNED Nov. 28, 1950
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Nov. 28, 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. 29, 1950.	25B. REGISTRAR'S SIGNATURE <i>S. Riffa</i>	26. FUNERAL DIRECTOR'S SIGNATURE Buried by family.	
		27. EMBALMER'S SIGNATURE	CERT. NO