

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **7**

04 04 DE OF DEATH AND 02 01 L RESIDENCE 6	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	A. COUNTY <i>Gila</i>		A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>San Carlos</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>8 hrs life</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila General Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>San Carlos Indian Reservation</i>		

7 B PRECEDENT PERSONAL DATA 116 0 14-1	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE	
	A. FIRST <i>Eugene</i> B. (MIDDLE) <i>—</i> C. (LAST) <i>Margo</i>			<i>male</i>	<i>Indian</i>	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>May</i> DAY <i>23</i> YEAR <i>1934</i>	8. AGE YEARS <i>16</i> MONTHS <i>8</i> DAYS <i>1</i>	9. UNDER 24 HOURS (HOURS) <i>X</i> (MIN.) <i>X</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <i>school boy</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>school boy</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>San Carlos Arizona</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	13. SOCIAL SECURITY NO. <i>none</i>	
14A. FATHER'S NAME <i>Harry Margo</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>	15A. MOTHER'S MAIDEN NAME <i>Jessie Waterman</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>	
16. INFORMANT'S SIGNATURE <i>Mrs. Jessie W. Margo (mother)</i>			ADDRESS <i>San Carlos Ariz</i>	DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan 24-1951</i>	(TIME) <i>6:25 a.m.</i>	

845X CAUSE OF DEATH ITEM 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Diffuse Peritonitis</i>		DUE TO (b) <i>Perforation of Stomach by a piece of wood</i>		<i>30 hrs</i>
	DUE TO (c) <i>Accident</i>		II. OTHER SIGNIFICANT CONDITIONS		
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
PLACE DISEASE CONTRACTED.					

OPERATIONS, AUTOPSY DEATH DUE TO INTERNAL FORCE MEDICAL CORONER'S CERTIFICATION	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	21A. ACCIDENT (SPECIFY) <i>Accident</i>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <input checked="" type="checkbox"/>	21C. (CITY OR TOWN) <i>San Carlos</i> (COUNTY) <i>Gila</i> (STATE) <i>Arizona</i>	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <i>Jan 22 1951 8pm</i>	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Jumped from horse</i>			

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan 23</i> 1951 TO <i>Jan 24</i> 1951. THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan 24</i> 1951. AND THAT DEATH OCCURRED AT <i>6:25 a.m.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <i>William E. Bishop MD</i> (DEGREE OR TITLE)	23B. ADDRESS <i>Box 150 Globe Arizona</i>	23C. DATE SIGNED <i>Jan 24 1951</i>

FUNERAL DIRECTOR AND REGISTRAR 1-24-51	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Jan 27-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Residat Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Residat, Arizona</i>
	25A. DATE REC'D BY LOCAL REG. <i>1-24-51</i>	25B. REGISTRAR'S SIGNATURE <i>Gene Wausler</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Jan James Wacker</i>	ADDRESS <i>Globe Arizona</i>
			27. EMBALMER'S SIGNATURE <i>Jan James Wacker</i>	CERT. NO. <i>#323</i>