

E - on R.
Ft. Apache Ag., Arizona

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

726

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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|--|---|--|---|----------------------------------|---|---|--|--|
| PLACE OF DEATH RESIDENCE | 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) | | | |
| | A. COUNTY Maricopa Gila | | | | A. STATE Arizona B. COUNTY Gila | | | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Rural | | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 1/2 | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Rural | | | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION | | | | D. STREET ADDRESS Ft. Apache Reservation (IF RURAL, GIVE LOCATION) | | | |
| IDENTIFICATION | 3. NAME OF DECEASED (TYPE OR PRINT) | | | 4. SEX | | 5. COLOR OR RACE | | |
| | A. (FIRST) Dempsey | | | B. (MIDDLE) --- | | C. (LAST) Paxson | | |
| | 6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 7. DATE OF BIRTH MONTH 5 DAY 8 YEAR 28 | | 8. AGE YEARS 22 MONTHS 8 DAYS 9 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). | |
| | 9B. KIND OF BUSINESS OR INDUSTRY | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona | | 11. CITIZEN OF WHAT COUNTRY? USA | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes War II | |
| 14A. FATHER'S NAME James Paxson | | | 14B. BIRTHPLACE (STATE OR COUNTRY) Arizona | | 15A. MOTHER'S MAIDEN NAME May Standing | | 15B. BIRTHPLACE (STATE OR COUNTRY) Arizona | |
| 16. INFORMANT'S SIGNATURE Mrs. May A. Paxson, | | | | ADDRESS Whiteriver, Ariz. | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 17, 1951 | | |
| CAUSE OF DEATH | 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Gunshot wound, forehead, caused by .22 rifle, self-inflicted. | | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) --- DUE TO (c) --- | | | | 1/17/51 | |
| | II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| OPERATIONS | 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) Suicide | | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) In home. | | 21C. (CITY OR TOWN) (COUNTY) (STATE) Rural, Gila Co., Arizona | | | |
| INJURY | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Jan. 17, 1951 4 PM | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? Shot self with .22 rifle. | | | |
| | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____. THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | |
| OPERATION | 23A. SIGNATURE E. S. Shank M.D. (DEGREE OR TITLE) Med. Officer | | | | 23B. ADDRESS Whiteriver, Arizona | | 23C. DATE SIGNED 1/19/51 | |
| | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE 1/19/51 | | 24C. NAME OF CEMETERY OR CREMATORY Canyon Day Cemetery | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rural, Gila Co., Arizona | |
| OPERATION | 25A. DATE REC'D BY LOCAL REG. 1/19/51 | | 25B. REGISTRAR'S SIGNATURE Alise Pappas | | 26. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
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| OPERATION | | | | | 27. EMBALMER'S SIGNATURE | | CERT. NO. | |
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