

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **1345**

**CERTIFICATE OF DEATH**

BIRTH NO. **16736**

REGISTRAR'S NO.

24 OF DEATH AND RESIDENCE 6	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).			
	A. COUNTY <b>Sila</b>				A. STATE <b>Arizona</b> B. COUNTY <b>Sila</b>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>San Carlos</b>				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>San Carlos</b>			
	C. LENGTH OF STAY IN THIS PLACE (IN MONTHS) <b>life</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>San Carlos Ind. Reservation</b>			
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>San Carlos Ind. Reservation</b>								

8 IDENTIFICATION ATA 202 0 257	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE
	A. (FIRST) <b>Infant Serena</b>			B. (MIDDLE)	C. (LAST) <b>Nelson</b>
	ITYPE OR PRINT: <b>Infant Serena - Nelson</b>			fe	Indian
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH <b>Nov 26 1950</b>	8. AGE <b>5</b> YEARS <b>2</b> MONTHS <b>27</b> DAYS
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>infant</b>			9B. KIND OF BUSINESS OR INDUSTRY		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>San Carlos, Arizona</b>			11. CITIZEN OF WHAT COUNTRY? <b>U. S. C.</b>		
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>			13. SOCIAL SECURITY NO. <b>none</b>		
14A. FATHER'S NAME <b>Wesley Nelson</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		
15A. MOTHER'S MAIDEN NAME <b>Libby Dona</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		
16. INFORMANT'S SIGNATURE <b>Wesley Nelson</b>			17. DATE OF DEATH <b>Feb 23 1951</b>		
ADDRESS <b>San Carlos</b>			(MONTH) (DAY) (YEAR) <b>2009</b>		

7720 USE OF ATH M 18)	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>		<b>None</b>
	†THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
	PLACE DISEASE CONTRACTIONS.		DUE TO (c):		
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

ATH TO RNAL ENCE	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?	

ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Feb 23 1951</b> TO <b>Feb 23 1951</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>2-19-51</b> 19 AND THAT DEATH OCCURRED AT <b>2047</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <b>Wesley Nelson</b>		23B. ADDRESS <b>San Carlos, Arizona</b>		23C. DATE SIGNED <b>2-23-51</b>	
	(DEGREE OR TITLE)					

ERAL CTOR ID TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>Feb. 23 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Peridot Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Peridot, Arizona</b>
	25A. DATE REC'D BY LOCAL REG. <b>3/9/51</b>	25B. REGISTRAR'S SIGNATURE <b>S. H. H.</b>	26. FUNERARY DIRECTOR'S SIGNATURE <b>James Walker</b> ADDRESS <b>Elabe Ariz.</b> EMBALMER'S SIGNATURE <b>(no embalming)</b> CERT. NO.	