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Ft. Apache Agency, Arizona

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1346

CERTIFICATE OF DEATH

04 99 OF DEATH AND RESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Navajo</u> <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Navajo</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Rural</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>Native</u> <u>Native</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) ---		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) ---		
7 1/2 DENT PERSONAL DATA 206 0 307	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Cassidy</u> B. (MIDDLE) <u>--</u> C. (LAST) <u>Paxson</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>1/4 Apache Ind</u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>9</u> DAY <u>2</u> YEAR <u>50</u>	8. AGE YEARS <u>0</u> MONTHS <u>6</u> DAYS <u>4</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). ---	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ---
	9B. KIND OF BUSINESS OR INDUSTRY ---	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. SOCIAL SECURITY NO. ---	15A. MOTHER'S MAIDEN NAME <u>May Standing</u>
	14A. FATHER'S NAME <u>James Paxson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	
	16. INFORMANT'S SIGNATURE <u>Mr. Lee Declay,</u>		ADDRESS <u>Whiteriver, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 6 1951</u>
491X USE OF ATH A 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobular.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>--</u> DUE TO (c) <u>--</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>--</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	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)
ATH TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Mar. 2</u> , 19 <u>51</u> TO <u>Mar. 4</u> , 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Mar. 6</u> , 19 <u>51</u> AND THAT DEATH OCCURRED AT <u>10 A.</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
ICAL ONER'S CATION	23A. SIGNATURE <u>E. Shank M.D.</u> (DEGREE OR TITLE) <u>Med. Officer</u>		23B. ADDRESS <u>Whiteriver, Arizona</u>		23C. DATE SIGNED <u>3/9/51</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>3/7/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Canyon Day Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Gila Co., Arizona</u>
RAL TOR ID FRAR 2	25A. DATE REC'D BY LOCAL REG. <u>3/7/51</u>	25B. REGISTRAR'S SIGNATURE <u>Alice Pipkins</u>		26. FUNERAL DIRECTOR'S SIGNATURE ---	
	27. EMBALMER'S SIGNATURE ---		CERT. NO.		