

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 94 DE OF DEATH AND 97 L RESIDENCE 6	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>San Carlos</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>life</u>   <u>life</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Indian Reservation</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>	

82 83 ECIDENT PERSONAL DATA 171 0 65-1	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Mary</u> B. (MIDDLE) <u>Chimney</u> C. (LAST) <u>Mallow</u>			4. SEX <u>fe</u>	5. COLOR OR RACE <u>Indian</u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>approx</u> DAY <u>1880</u> YEAR <u>71</u> MONTHS <u>approx</u> DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Ariz. U. S. A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>
	14A. FATHER'S NAME <u>(unknown) Shrank</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>(unknown)</u>
16. INFORMANT'S SIGNATURE (son in law) <u>Frank Carter San Carlos Ariz</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 21, 1951 at 7:15 a.m.</u>		

CAUSE OF DEATH ITEM 18)	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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c):		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, AUTOPSY DEATH DUE TO EXTERNAL VIOLENCE	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?

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 21, 1951</u> AND THAT DEATH OCCURRED AT <u>7:15 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <u>Luey N. Siborsky M.D.</u>		23B. ADDRESS <u>Bylas Ariz</u>		23C. DATE SIGNED <u>6-27-51</u>

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>June 24, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona.</u>
	25A. DATE REC'D BY LOCAL REG. <u>June 28, 1951</u>		25B. REGISTRAR'S SIGNATURE <u>James Gudall</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Joe James Wachel</u>
27. EMBALMER'S SIGNATURE <u>Joe James Wachel</u>					ADDRESS <u>Globe, Arizona</u> CERT. NO. <u>#323</u>