

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5072**

**CERTIFICATE OF DEATH**

BIRTH NO.

REGISTRAR'S NO.

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

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Mary</b> B. (MIDDLE) <b>Chimney</b> C. (LAST) <b>Mallow</b>			4. SEX <b>female</b>	5. COLOR OR RACE <b>Indian</b>
6. MARRIED - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR <b>Approx 1880</b>	8. AGE YEARS MONTHS DAYS <b>70 approx.</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>housewife</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
14A. FATHER'S NAME <b>(Unknown) Shank</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	15A. MOTHER'S MAIDEN NAME <b>(Unknown)</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>
16. INFORMANT'S SIGNATURE <b>Frank J. Cutler</b>			17. DATE OF DEATH MONTH (DAY) (YEAR) <b>June 21 1951</b>	

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRA CTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>K5</b> DUE TO (c) <b>JK5</b> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

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?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **June 21, 1951** ON **June 21, 1951** AND THAT DEATH OCCURRED AT **7:15 AM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) <b>J. N. Schorsch M.D.</b>	23B. ADDRESS <b>Bylas, Arizona.</b>	23C. DATE SIGNED <b>June 27, 1951</b>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>June 24, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>San Carlos Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Carlos, Arizona.</b>
25A. DATE REC'D BY LOCAL REG. <b>June 28, 1951</b>	25B. REGISTRAR'S SIGNATURE <b>James Kendall</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank J. Cutler</b>	27. EMBALMER'S SIGNATURE <b>Frank J. Cutler</b>