

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO:

CERTIFICATE OF DEATH

BIRTH NO. 22358 REGISTRAR'S NO. 1608
 1. PLACE OF DEATH
 A. COUNTY Gila
 C. CITY Globe
 D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital
 2. USUAL RESIDENCE
 A. STATE Arizona
 C. CITY San Carlos
 D. STREET ADDRESS San Carlos Indian Reservation

3. NAME OF DECEASED
 A. (FIRST) Infant Arlena Alva Patten
 B. (MIDDLE) Patten
 C. (LAST) Patten
 4. SEX female
 5. COLOR OR RACE Indian
 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 7. DATE OF BIRTH
 MONTH Dec DAY 10 YEAR 1952
 8. AGE (IN YEARS IF UNDER 1 YEAR, IF UNDER 24 HRS. LAST BIRTHDAY)
 MONTHS 0 DAYS 16 HOURS ** MIN. **
 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
infant
 9B. KIND OF BUSINESS OR INDUSTRY
infant
 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Globe, Arizona
 11. CITIZEN OF WHAT COUNTRY?
U.S.A.
 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
no
 13. SOCIAL SECURITY NO.
none
 14A. FATHER'S NAME
Arthur Patten
 14B. BIRTHPLACE (STATE OR COUNTRY)
Arizona
 15A. MOTHER'S MAIDEN NAME
Shirley Kinney
 15B. BIRTHPLACE (STATE OR COUNTRY)
Arizona
 16. INFORMANT'S SIGNATURE
Arthur Patten
 17. DATE OF DEATH
 MONTH March DAY 26 YEAR 1953 TIME 8:50 p.m.

18. CAUSE OF DEATH
 ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Pneumonia
2. ANTECEDENT CAUSES (B) DUE TO (B) Respiratory infection
3. OTHER SIGNIFICANT CONDITIONS (C) DUE TO (C) 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 NO

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) (MINUTE)
 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Mar 26, 1953, AND THAT DEATH OCCURRED AT 8:50 P FROM THE CAUSES AND ON THE DATE STATED ABOVE.
 23A. SIGNATURE Walter M. Brin MD
 23B. ADDRESS Globe, Arizona
 23C. DATE SIGNED 3-27-53
 24A. BURIAL CREMATION
 24B. DATE March 30, 1953
 24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery
 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona

25A. DATE REC'D BY LOCAL REG. 3-27-53
 25B. REGISTRAR'S SIGNATURE James Wacker
 26. FUNERAL DIRECTOR'S SIGNATURE James Wacker
 27. EMBALMER'S SIGNATURE James Wacker
 ADDRESS Globe, Arizona
 CERT. NO. #323