

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1618

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN San Carlos D. STREET ADDRESS San Carlos Indian Reservation	
B. LENGTH OF STAY IN THIS TOWN? Life C. CITY OR TOWN San Carlos D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Hospital		E. COLOR OR RACE Indian	
3. NAME OF DECEASED A. (FIRST) Thomas B. (MIDDLE) Grant C. (LAST) Patten		4. SEX male	
5. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) single		6. DATE OF BIRTH MONTH Jan DAY 9 YEAR 1948	
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Arizona U. S. A.		8. AGE (IN YEARS IF UNDER 1 YEAR) MONTHS 5 DAYS 2	
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
11. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Aspiration		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	
13. CAUSE OF DEATH ENTER ONLY ONE CAUSE OR LINE FOR (A), (B), (C). Aspiration		14. FATHER'S NAME John Patten	
14. INFORMANT'S SIGNATURE John Patten		15. MOTHER'S MAIDEN NAME Virginia Stevens	
15. DATE OF OPERATION March 25, 1953		16. DATE OF DEATH (DAY) March 25 (MONTH) 1953 (YEAR) at 6:20 P.M.	
17. PLACE OF OPERATION Accident		18. MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Aspiration ANTECEDENT CAUSES Due to (B) Body and Blood MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19. DATE OF OPERATION March 25, 1953		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. TIME (MONTH) (DAY) (YEAR) (HOUR) March 25 1953 5 PM		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) At home	
21. TIME (MONTH) (DAY) (YEAR) (HOUR) March 25 1953 5 PM		22. HOW DID INJURY OCCUR? While playing in the yard	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 25, 1953 TO March 25, 1953 AND THAT DEATH OCCURRED AT 6:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. ADDRESS (SICKEE OR TITLE) San Carlos, Arizona	
23. SIGNATURE D. J. Landa, M.D.		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona	
24. BIRTHPLACE (STATE OR COUNTRY) Arizona		25. FUNERAL DIRECTOR'S SIGNATURE James Funder	
25. DATE REC'D BY LOCAL REG. March 29, 1953		26. ADDRESS Globe, Arizona	
26. SIGNATURE James Funder		27. EMBALMER'S SIGNATURE John James Macber	
27. DATE Mar. 29, 1953		28. CERT. NO. #323	