

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1619

CERTIFICATE OF DEATH

BIRTH NO. 04 04 27 AND 97 RESIDENCE *	1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY OR TOWN <u>San Carlos</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA life life <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> C. CITY OR TOWN <u>San Carlos</u>		REGISTRAR'S NO. IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <u>residence - seven mile wash</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Seven miles wash</u>			
3. NAME OF DECEASED (TYPE OR PRINT) <u>Charles - Polk</u>		C. (LAST) (MIDDLE) (FIRST)		4. SEX <u>male</u>		5. COLOR OR RACE <u>Indian</u>		
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>Jan 10, 1874</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>79</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>retired - cattleman</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>cattleman</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Arizona U.S.A.</u>		11. CITIZEN OF WHAT COUNTRY? <u>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 (unknown)		14B. BIRTHPLACE (STATE OR COUNTRY) (unknown)		15A. MOTHER'S MAIDEN NAME (unknown)		13. SOCIAL SECURITY NO. (unknown) 15B. BIRTHPLACE (STATE OR COUNTRY) (unknown)		
16. INFORMANT'S SIGNATURE <u>Edgar Polk Son San Carlos</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 12, 1953 at 12:00 a.m.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. Tuberculosis, pulmonary, far advanced</u> <u>2. (A) reinfection, active.</u>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>DUE TO (B)</u> <u>DUE TO (C)</u>		19. MAJOR FINDINGS OF OPERATION 19B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19C. MAJOR FINDINGS OF OPERATION				
OPERATIONS, AUTOPSY		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
DEATH DUE TO EXTERNAL VIOLENCE		21A. ACCIDENT? SUICIDE HOMICIDE		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
MEDICAL OR CORONER'S RTIFICATION		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>Jan. 20, 1953</u> AND THAT DEATH OCCURRED AT <u>12 P. M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>Robert Stark</u>		23B. ADDRESS <u>San Carlos, Arizona.</u>		
FUNERAL DIRECTOR AND REGISTRAR		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> LOCAL REG.		24B. DATE <u>March 15, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>		
25A. DATE REC'D BY LOCAL REG. <u>March 16, 1953</u>		25B. REGISTRAR'S SIGNATURE <u>James Anderson</u>		25C. DATE SIGNED <u>March 12, 1953</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona.</u>		
26. FUNERAL DIRECTOR'S SIGNATURE <u>James Anderson</u>		27. EMBALMER'S SIGNATURE <u>Edgar Polk</u>		ADDRESS <u>San Carlos, Arizona.</u>				