

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2315

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO. 13381	1. PLACE OF DEATH A. COUNTY <i>Yuma</i>		B. LENGTH OF STAY IN THIS TOWN <i>life</i> IN ARIZONA <input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE A. STATE <i>Arizona</i> C. CITY OR TOWN <i>San Carlos</i> D. STREET ADDRESS <i>San Carlos Indian Reservation</i> (IF RURAL, GIVE LOCATION)		3. NAME OF DECEASED A. (FIRST) <i>San Carlos</i> B. (MIDDLE) <i>Randall</i> C. (LAST) <i>Randall</i> D. (TYPE OR PRINT)		4. SEX <i>Male</i> 5. COLOR OR RACE <i>Indian</i>			
	6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>never married</i>		7. DATE OF BIRTH MONTH <i>7</i> DAY <i>27</i> YEAR <i>1951</i>		8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS.) HOURS <i>xx</i> MIN. <i>xx</i> SEC. <i>xx</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		9B. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		10. SOCIAL SECURITY NO.	
04 OF DEATH	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>San Carlos, Arizona</i>		10. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		11. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>		12. MOTHER'S MAIDEN NAME <i>Jeanette Mason</i>		13. BIRTHPLACE (STATE OR COUNTRY) <i>Arizona</i>		14. BIRTHPLACE (STATE OR COUNTRY) (YEAR)	
97 RESIDENCE	11. FATHER'S NAME <i>Ernest Randall</i>		12. INFORMANT'S SIGNATURE <i>Ernest Randall</i>		13. DATE OF DEATH <i>April 17-1953</i>		14. MEDICAL CERTIFICATION <i>Neumbria</i>		15. INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>		16. INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>	
1 CEDENT	17. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <i>Malnutrition</i>		18. ANTECEDENT CAUSES 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.		20. MAJOR FINDINGS OF OPERATION		21. DATE OF OPERATION		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2 PERSONAL	23. ACCIDENT (SPECIFY) <i>SUICIDE</i>		24. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) <i>April 16 1953 4:41 P.M.</i>		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		26. HOW DID INJURY OCCUR?		27. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		28. CITY OR TOWN (COUNTY) (STATE)	
09 DATE OF	29. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>April 16, 1953</i> TO <i>April 16, 1953</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>April 16, 1953</i> AND THAT DEATH OCCURRED AT <i>4:41 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		30. SIGNATURE <i>Robert Stark</i> (DEGREE OR TITLE)		31. ADDRESS <i>San Carlos, Arizona</i>		32. DATE SIGNED <i>April 20, 1953</i>		33. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		34. DATE SIGNED	
09 453	35. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		36. DATE <i>April 19 1953</i>		37. NAME OF CEMETERY OR CREMATORY <i>San Carlos Cemetery</i>		38. ADDRESS <i>San Carlos, Arizona</i>		39. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		40. DATE SIGNED	
31 RECTOR	41. DATE RECD BY LOCAL REG. <i>APR 23 1953</i>		42. REGISTRAR'S SIGNATURE <i>Jane Randall</i>		43. NAME OF CEMETERY OR CREMATORY <i>San Carlos Cemetery</i>		44. ADDRESS <i>San Carlos, Arizona</i>		45. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		46. DATE SIGNED	
2 AND	47. DATE RECD BY LOCAL REG. <i>APR 23 1953</i>		48. REGISTRAR'S SIGNATURE <i>Jane Randall</i>		49. NAME OF CEMETERY OR CREMATORY <i>San Carlos Cemetery</i>		50. ADDRESS <i>San Carlos, Arizona</i>		51. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		52. DATE SIGNED	
0 GISTRAR	53. DATE RECD BY LOCAL REG. <i>APR 23 1953</i>		54. REGISTRAR'S SIGNATURE <i>Jane Randall</i>		55. NAME OF CEMETERY OR CREMATORY <i>San Carlos Cemetery</i>		56. ADDRESS <i>San Carlos, Arizona</i>		57. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		58. DATE SIGNED	