E - on R.
Ft. Apache Ag., Arizona

BIRTH NO.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 2630

REGISTRAR'S NO. 28-53

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY IN THIS TOWN: 3 days; IN ARIZONA: 15 yrs.
C. CITY OR TOWN: Whiteriver [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Fort Apache Agency Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Rural [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Canyon Day district

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Kenneth B. (MIDDLE) - C. (LAST) Griggs
4. SEX: M.
5. COLOR OR RACE: 4/4 Apache Ind
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
7. DATE OF BIRTH: MONTH 5 DAY 14 YEAR 37
8. AGE (IN YEARS LAST BIRTHDAY): 15 IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Student
9B. KIND OF BUSINESS OR INDUSTRY: --
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): --
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Hobart Griggs
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Mabel Josay
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Alice Griggs, ADDRESS: Whiteriver, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): April 5, 1953

CAUSE OF DEATH (ITEM 18)

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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Congestive heart failure. — INTERVAL BETWEEN ONSET AND DEATH: 2 months!
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) --
DUE TO (C) --
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. --

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 2, 19 53, TO April 5, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON April 5, 19 53, AND THAT DEATH OCCURRED AT 7:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: P. A. Jinador (DEGREE OR TITLE): M. D.
23B. ADDRESS: Whiteriver, Arizona
23C. DATE SIGNED: 4/6/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 4/7/53
24C. NAME OF CEMETERY OR CREMATORY: Canyon Day
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Rural, Gila Co., Arizona
25A. DATE REC'D BY LOCAL REG.: 4/6/53
25B. REGISTRAR'S SIGNATURE: Alice Pipkins
26. FUNERAL DIRECTOR'S SIGNATURE: None ADDRESS
27. EMBALMER'S SIGNATURE: None CERT. NO.

FORM VS 2 REV. 4-15-52