

John R.

Apache Agency, Arizona

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO.

4178

BIRTH NO. 4178

REGISTRAR'S NO. 45-53

4 CE OF DEATH	1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 7 MOS. 7 MOS.	2. USUAL RESIDENCE A. STATE Arizona	3. NAME OF DECEASED (TYPE OR PRINT) Bernita	4. SEX F.	5. COLOR OR RACE 4/4 Apache Ind.
7 AND AL RESIDENCE	C. CITY OR TOWN Rural--Canyon Day	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (At home)	C. CITY OR TOWN Rural--Canyon Day	E. STREET ADDRESS Fort Apache Reservation	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single	7. DATE OF BIRTH MONTH 12 DAY 17 YEAR 52
DECEDENT PERSONAL DATA 207 753	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single	9. AGE (IN YEARS) IF UNDER 1 YEAR DAYS 6 HOURS - MIN. -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). None	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) (IF YES, WAR OR DATES OF SERVICE) No
CAUSE OF DEATH ITEM 18)	13. SOCIAL SECURITY NO. None	14A. FATHER'S NAME Bert Palmer	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Alice Barnette	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	16. INFORMANT'S SIGNATURE Mrs. Violet Antonio, Whiteriver, Arizona
ERATIONS, AUTOPSY	17. DATE OF DEATH July 24, 1953	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C). 2454 *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) ✓ Bacillary dysentery. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) -- DUE TO (C) -- 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. -- 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		19. INTERVAL BETWEEN ONSET AND DEATH 5 days!	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE	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) (SECOND) M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR
MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/24/53 TO 7/24/53 AND THAT DEATH OCCURRED AT 4:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>A. J. Inador</i>	23B. ADDRESS Whiteriver, Arizona	23C. DATE SIGNED 7/24/53	23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rural, Gila Co., Arizona
DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 7/25/53	24C. NAME OF CEMETERY OR CREMATORY Canyon Day	25A. DATE REC'D BY LOCAL REG. 7/24/53	25B. REGISTRAR'S SIGNATURE <i>Alice Pappano</i>	25C. FUNERAL DIRECTOR'S SIGNATURE None
				26. EMBALMER'S SIGNATURE None	27. CERT. NO.	