

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1158

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH 7 AND 97 AL RESIDENCE 0004	1. PLACE OF DEATH A. COUNTY <u>Gila</u>	B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>
	C. CITY OR TOWN <u>San Carlos</u>	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN <u>Peridot</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Hospital</u>	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>	

DECEDENT PERSONAL DATA 117 0 354	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Miss</u> B. (MIDDLE) <u>Viola</u> C. (LAST) <u>Sherelean Newman</u>	4. SEX <u>female</u>	5. COLOR OR RACE <u>Indian</u>	
	6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) <u>never married</u>	7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>3</u> YEAR <u>1937</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>17</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>student</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>student</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Peridot, Arizona</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>
	13. SOCIAL SECURITY NO. <u>unknown</u>	14A. FATHER'S NAME <u>Willie Newman</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>San Carlos, Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Jewel Noline</u>
16. INFORMANT'S SIGNATURE <u>Jewel Noline Newman</u> ADDRESS <u>San Carlos Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 20, 1954 at 4p.m.</u>		

CAUSE OF DEATH ITEM 181 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>979X</u> *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		INTERVAL BETWEEN ONSET AND DEATH <u>immediate.</u>
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Hemorrhage due to amputation of left leg and right foot.</u>		DUE TO (B) _____	
ANTECEDENT CAUSES		DUE TO (C) _____		
11. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, AUTOPSY 2	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENTAL SUICIDE <u>Suicide</u> (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Southern Pacific R.R. track</u>	21C. (CITY OR TOWN) (COUNTY) (STATE) <u>2 miles below Peridot Gila Arizona</u>
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>March 20, 1954 3 P. M.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>sat on the track while Southern Pacific Freight Train was approaching</u>

MEDICAL DIR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, 19____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <u>[Signature]</u> (DEGREE OR TITLE) <u>MD.</u>	23B. ADDRESS <u>San Carlos, Arizona</u>	23C. DATE SIGNED <u>3-20-54.</u>

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>March 25, 1954</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona.</u>
	25A. DATE REC'D BY LOCAL REG. <u>4-1-54</u>	25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	27. EMBALMER'S SIGNATURE <u>[Signature]</u> CERT. NO. <u>#323</u>