

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2036

CERTIFICATE OF DEATH

BIRTH NO. 11757

REGISTRAR'S NO.

1 01 PLACE OF DEATH AND 99 RESIDENCE 1305	1. PLACE OF DEATH A. COUNTY Apache		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA 10 hours   Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona		B. COUNTY Apache	
	C. CITY OR TOWN Canado		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Steamboat		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Sage Memorial Hospital				D. STREET ADDRESS -			
PRECEDENT PERSONAL DATA 200 0 454	3. NAME OF DECEASED (TYPE OR PRINT) Lena A. Curley			4. SEX female		5. COLOR OR RACE Navaho		
	6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) never married	7. DATE OF BIRTH MONTH   DAY   YEAR July   23   1953		8. AGE (IN YEARS LAST BIRTHDAY) 8	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). infant			
	9B. KIND OF BUSI- NESS OR INDUSTRY none	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none		
	14A. FATHER'S NAME John Curley		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Effie Todacheenie		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
16. INFORMANT'S SIGNATURE <i>Arthur A. Curley</i>				ADDRESS Steamboat, Canado, A.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 18 1954		
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>491 X</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>fulminating pneumonia (Bronchea)</i>				INTERVAL BETWEEN ONSET AND DEATH 2 days	
	*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAIL- URE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____				11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE none		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	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY none		21E. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>4-18</i> , 19 <i>54</i> , TO <i>4-18</i> , 19 <i>54</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>4-18</i> , 19 <i>54</i> , AND THAT DEATH OCCURRED AT <i>7:50</i> P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL OR CORONER'S CERTIFICATION	23A. SIGNATURE <i>Arthur A. Curley</i> M.D.				23B. ADDRESS Canado, Arizona		23C. DATE SIGNED 4-19-54	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 4-19-54	24C. NAME OF CEMETERY OR CREMATORY Canado Mission		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Canado, Arizona			
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. 4-19-54	25B. REGISTRAR'S SIGNATURE <i>Arthur A. Curley</i>		26. FUNERAL DIRECTOR'S SIGNATURE K. Dalton		ADDRESS Canado, Ariz.		
				27. EMBALMER'S SIGNATURE		CERT. NO.		