

BIRTH NO. 8377

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND 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 type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>San Carlos Indian Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>			
DECEDENT PERSONAL DATA 7 2 303 0 854	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Jerry</u> B. (MIDDLE) C. (LAST) <u>Mallow</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>		
	6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>5</u> YEAR <u>1954</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>3</u> DAYS <u>12</u>	IF UNDER 24 HRS. HOURS <u>---</u> MIN. <u>---</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>infant</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>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) <u>no</u>	13. SOCIAL SECURITY NO. <u>none</u>			
	14A. FATHER'S NAME <u>(Unknown)</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Freida Mallow</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		
16. INFORMANT'S SIGNATURE <u>From the records of San Carlos Hospital</u>				ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>August 31 1954</u>		
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Hydrocephalus</u> DUE TO (B) _____ DUE TO (C) <u>Meningocele</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos. 12 days</u> <u>same as above</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 1 1954</u> , TO <u>August 31 1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>August 31</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>8:50 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <u>Richard Zbener MD</u>		22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>8-31-54</u>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Sept. 1, 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Peridot, Arizona.</u>	
	26A. DATE REC. BY LOCAL REG. <u>9-7-54</u>		26B. REGISTRAR'S SIGNATURE <u>James Rudolf</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>(none)</u>		27B. ADDRESS	