

CERTIFICATE OF DEATH

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|--------------------------------------|--|--|--|---|--|--|--|---|--|
| BIRTH NO. | | 1. PLACE OF DEATH | | B. LENGTH OF STAY | | 2. USUAL RESIDENCE | | REGISTRAR'S NO. | |
| 4 04 | | A. COUNTY Gila | | IN THIS TOWN life IN ARIZONA life | | A. STATE Arizona B. COUNTY Gila | | | |
| PLACE OF DEATH 97 AND 97 | | C. CITY OR TOWN San Carlos | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN San Carlos | | <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | |
| USUAL RESIDENCE 0004 | | D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Hospital | | | | D. STREET ADDRESS San Carlos Indian Reservation | | (IF RURAL, GIVE LOCATION) | |
| DECEDENT PERSONAL DATA 181 | | 3. NAME OF DECEASED (TYPE OR PRINT) Mrs. Ella Miller | | A. (FIRST) B. (MIDDLE) C. (LAST) | | 4. SEX female | | 5. COLOR OR RACE Indian | |
| 8 | | 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed | | 7. DATE OF BIRTH Approx. 1873 | | 8. AGE (IN YEARS LAST BIRTHDAY) 81 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife | |
| 3 | | 9B. KIND OF BUSINESS OR INDUSTRY housewife | | 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 | |
| 181 | | 13. SOCIAL SECURITY NO. Unknown | | 14A. FATHER'S NAME (Unknown) | | 14B. BIRTHPLACE (STATE OR COUNTRY) (Unknown) | | 15A. MOTHER'S MAIDEN NAME (Unknown) | |
| 3 | | 15B. BIRTHPLACE (STATE OR COUNTRY) (Unknown) | | 16. INFORMANT'S SIGNATURE grand-daughter | | 17. DATE OF DEATH September 7, 1954 at 10:15 p.m. | | | |
| 954 | | 17. ADDRESS Maggie Park San Carlos | | | | | | | |
| CAUSE OF DEATH (ITEM 18) 0 | | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 02711 | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 0 | | *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. | | 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Enteritis | | | | | |
| | | | | 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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility, | | | | | |
| OPERATIONS, AUTOPSY 4 | | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| DEATH DUE TO EXTERNAL VIOLENCE 4 | | 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 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 1 | | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 7, 1954 TO Sept. 7, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Sept. 7, 1954 AND THAT DEATH OCCURRED AT 10:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | |
| | | 23A. SIGNATURE (DEGREE OR TITLE) Richard Zehner MD | | | | 23B. ADDRESS San Carlos, Arizona. | | 23C. DATE SIGNED 9-7-54 | |
| FUNERAL DIRECTOR AND REGISTRAR 31 | | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE Sept 10, 1954 | | 24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery (Annex) | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona. | |
| | | 25A. DATE REC'D BY LOCAL REG. 9-27-54 | | 25B. REGISTRAR'S SIGNATURE Romeo Rando | | 26. FUNERAL DIRECTOR'S SIGNATURE Cesar James Wacker | | 27. EMBALMER'S SIGNATURE Cesar James Wacker #323 | |