

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 PLACE OF DEATH MAND RESIDENCE 0004	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 5 days life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Graham			
	C. CITY OR TOWN San Carlos		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Bylas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
8 DECEDENT PERSONAL DATA 210 0 854	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Indian Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Phyllis B. (MIDDLE) C. (LAST) Nasby			4. SEX fe.	B. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married		
8 DECEDENT PERSONAL DATA 210 0 854	6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH DAY YEAR Oct. 1 1953	8. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 1 YEAR MONTHS DAYS 10 20	IF UNDER 24 HRS. HOURS MIN. ---	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant	
	9B. KIND OF BUSINESS 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
8 DECEDENT PERSONAL DATA 210 0 854	14A. FATHER'S NAME Antonio Nasby		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Jeanette Gustina		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
	16. INFORMANT'S SIGNATURE From the records of San Carlos Hospital				17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 21 1954			
0 CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 571.0 ‡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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION 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) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
0 OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 16 , 19 54 , TO August 21 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON August 21 , 19 54 , AND THAT DEATH OCCURRED AT 6:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) Richard Gehner MD			22B. ADDRESS San Carlos, Arizona		22C. DATE SIGNED 8-21-54		
0 DEATH DUE TO EXTERNAL VIOLENCE	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) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
0 CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Aug. 22, 1954	25C. NAME OF CEMETERY OR CREMATORY Bylas Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bylas, Arizona		
0 FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 9-1-54		26B. REGISTRAR'S SIGNATURE Henry Kuebel		27A. FUNERAL DIRECTOR'S SIGNATURE (none)		27B. ADDRESS	