

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5037

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

24 PLACE OF DEATH 77 AND 97 USUAL RESIDENCE 0004	1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE	
	A. COUNTY <u>Gila</u>		IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>		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>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>San Carlos Indian Reservation</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Carlos Indian Reservation</u>	

DECEDENT PERSONAL DATA 177 854	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE
	A. (FIRST) <u>Mrs. Mary</u> B. (MIDDLE) <u>---</u> C. (LAST) <u>Pelone</u>			<u>female</u>	<u>Indian</u>
	(TYPE OR PRINT)				
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>		7. DATE OF BIRTH	8. AGE (IN YEARS LAST BIRTHDAY) <u>approx 77</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</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) (IF YES, WAR OR DATES OF SERVICE) <u>no ****</u>
13. SOCIAL SECURITY NO. <u>unknown</u>		14A. FATHER'S NAME <u>John Stewart</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>(Unknown, Deceased)</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		16. INFORMANT'S SIGNATURE <u>Martha M. Lechay San Carlos</u>		17. DATE OF DEATH <u>Aug 3, 1954 at 4P.m.</u>	

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>18701</u>	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Coronary Occlusion</u>		<u>Immediately</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.	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____		
	PLACE DISEASE CONTRACTED.	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	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	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 CORONERS CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Unattended</u> TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <u>Richard Zehner MD</u>	23B. ADDRESS <u>San Carlos, Arizona</u>	23C. DATE SIGNED <u>8-3-54</u>

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Aug 6, 1954</u>	24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery (Annex)</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona.</u>
	25A. DATE REC'D BY LOCAL REG. <u>8-27-54</u>	25B. REGISTRAR'S SIGNATURE <u>James Randall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Wacker</u>	26. ADDRESS <u>Blk. 23</u>
			27. EMBALMER'S SIGNATURE <u>Gene James Wacker</u>	CERT. NO. <u># 323</u>