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Ft. Apache Ag., Arizona

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6872

CERTIFICATE OF DEATH

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>4</u> MOS. IN ARIZONA <u>4</u> MOS.		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>Rural--Canyon Day</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Rural</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (At home)				D. STREET ADDRESS <u>Fort Apache Reservation</u> (IF RURAL, GIVE LOCATION)		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <u>Varnell</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>Palmer</u>			4. SEX <u>M.</u>	5. COLOR OR RACE <u>Apache Ind.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never married</u>	
	6B. NAME OF SPOUSE <u>--</u>		7. DATE OF BIRTH MONTH <u>7</u> DAY <u>20</u> YEAR <u>54</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>-</u>	IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>1</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>None</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>--</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</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>None</u>
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME <u>Vincent Palmer</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Marlena Armstrong</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>
	16. INFORMANT'S SIGNATURE <u>Vincent Palmer</u> ADDRESS <u>Whiteriver, Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>November 21, 1954</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>6872</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. PLACE DISEASE CONTACTED.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Respiratory Infection</u> INTERVAL BETWEEN ONSET AND DEATH <u>-</u> DUE TO (B) <u>--</u> DUE TO (C) <u>--</u> 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>--</u>		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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)		
DEATH DUE TO INTERNAL POLLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Did not see alive</u> , 19 <u>54</u> , TO <u>11/22/54</u> , 19 <u>54</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>11/22/54</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>4:30 p.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE <u>Alice M. D.</u> (DEGREE OR TITLE)			23B. ADDRESS <u>Whiteriver, Arizona</u>		23C. DATE SIGNED <u>11/22/54</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>11/22/54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Canyon Day Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Rural, Gila Co., Arizona</u>	
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>11/22/54</u>		25B. REGISTRAR'S SIGNATURE <u>Alice Pipkins</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>None</u> ADDRESS <u>None</u>		
					27. EMBALMER'S SIGNATURE <u>None</u> CERT. NO. <u>None</u>		