2511

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 90

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

32345

1 PLACE OF DEATH
County YUMA State ARIZONA Registered No. 65
Township COLO. RIVER AGENCY or Village or
City No. ON RESERVATION St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Madeleine Bernal
(a) Residence. No. Colo. River Agency St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: 4/4 Check. Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eduardo Bernal

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: about 56 (Years) (Months) (Days) If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Field Labour & Basket Work
(b) General nature of industry, business, or establishment in which employed (or employer): Agric. & Basketry
(c) Name of employer: Irregular

9 BIRTHPLACE (city or town): Chem. Valley
(State or country): Calif.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town): Unknown
(State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town): Unknown
(State or country): Unknown

14 Informant: Agency Records
(Address): C.R.A.

15 Filed Oct. 29, 1932, Albie E. Collins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1932, to Oct. 18, 1932, that I last saw her alive on Oct. 18, 1932, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:
Chr. Ful. T.B.C. 10 (duration) yrs. mos. ds.
CONTRIBUTORY (secondary): Acute General T.B.C. 1 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of
What was there an autopsy? no
What test confirmed diagnosis? none
(Signed) M. A. J. Nettle, M. D.
10-19-32 (Address) Colo. River Agency

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Parker, Ariz
DATE OF BURIAL: 10-20-32 19

20 UNDERTAKER: Local Indians
ADDRESS: C.R.A.

11—2184 GOVERNMENT PRINTING OFFICE