

1594

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

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.

1. PLACE OF DEATH
County Gila State Arizona Registered No. 64
Township or Village San Carlos, Arizona
City No. San Carlos Indian Hospital St. Ward
Life (If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Norman, Charlie
(a) Residence: No. San Carlos, Arizona St. Ward.
(Usual place of abode) (If none, give city and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE 4/4 Apache
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Norman, Mary (or) WIFE of
6. DATE OF BIRTH (month, day, and year) ? ? 1859
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 75
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) San Carlos (State or country) Arizona
13. NAME Unknown
14. BIRTHPLACE (city or town) San Carlos (State or country) Arizona
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) San Carlos (State or country) Arizona
17. INFORMANT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Date, 19
19. UNDERTAKER (Address)
20. FILED 3/31 1934 Fred A. Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) March 3, 1934 19
22. I HEREBY CERTIFY, That I attended deceased from February 27, 1934, to March 3, 1934 19
I last saw him alive on March 3, 1934 death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinosis, general.
Metastasized from carcinoma squamous, left leg.
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Kennedy M. D.
(Address) San Carlos, Arizona

8-3091 V. S. No. 98