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San Carlos Agency

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# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 62

Township On reservation without medical village City San Carlos

City No hospital No. 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 Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Polk, Baby Peter

(a) Residence: No. San Carlos, Arizona St. 2006 Ward. 2006

(Usual place of abode) (If nonresident give city or town 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) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1934

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

2 12

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 Polk, Theodore

14. BIRTHPLACE (city or town) San Carlos (State or country) Arizona

15. MAIDEN NAME Sada, Zilla

16. BIRTHPLACE (city or town) San Carlos (State or country) Arizona

17. INFORMANT Mother (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos Date April 4, 1934

19. UNDERTAKER Family (Address)

20. FILED April 30, 1934 Fred A. Kennedy Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Cause unknown

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) Fred A. Kennedy M. D. (Address) San Carlos, Arizona

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.

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