

2667

San Carlos Agency

E---On R

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. 68  
 Township \_\_\_\_\_ or Village San Carlos  
 City \_\_\_\_\_ No. San Carlos Indian St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 1 day \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Papus, Willie  
 (a) Residence: No. Bylas, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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) ? ? 1925

7. AGE Years 9 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Bylas (State or country) Arizona

FATHER

13. NAME Papus, Lawrence

14. BIRTHPLACE (city or town) Bylas (State or country) Arizona

MOTHER

15. MAIDEN NAME Nalecu, Anna

16. BIRTHPLACE (city or town) Bylas (State or country) Arizona

17. INFORMANT Father (Address) Bylas Arizona

18. BURIAL BYLAS, ARIZONA Date May 17, 1934

19. UNDERTAKER Family (Address) Bylas

20. FILED May 31, 1934 Fred A. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, 19\_\_\_\_, to May 16, 1934, 19\_\_\_\_. I last saw him alive on May 16, 1934, 19\_\_\_\_; death is said to have occurred on the date stated above, at 11 P. m. The principal cause of death and related causes of importance were as follows:

Wound, gun-shot, single, chest Date of onset May 15, 31

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? leucine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide Date of injury May 16, 1934

Where did injury occur? Bylas, Arizona (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. About 1/2 mile from village

Manner of injury Wound, gunshot, single chest

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Fred A. Kennedy M. D. (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING

8-5091  
V. S. No. 38

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.