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San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 700
 Township _____ or Village San Carlos or _____
 City _____ No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred life yrs. _____ mos. _____ ds. How long in U. S. if born in birth _____ mos. _____ ds.

2. FULL NAME Martha Meade

(a) Residence: No. San Carlos St. _____ Ward _____
 (Usual place of abode) (If deceased, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 1/4 Apache Indian 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) Nov. 27, 1932

7. AGE Years 1 Months 6 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) San Carlos, Ariz.
 (State or country)

13. NAME Zeno Meade

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

15. MAIDEN NAME Sarah Dia

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

17. INFORMANT Miss Sara M.F. Babb, Field Nurse
 (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Ariz Date May 21, 1934

19. UNDERTAKER none
 (Address)

20. FILED June 31, 1934 Fred A. Kennedy, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from report death _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

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

Cause unknown (died without medical attention)

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 FRED A. KENNEDY M. D.
 (Signed) SAN CARLOS, ARIZ.
 (Address)

MARGIN RESERVED FOR BINDING

8-3001
U. S. No. 98

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.