

2677

MARGIN RESERVED FOR BINDING

9-2091
U.S. No. 93

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.

B---OnR

San Carlos Agency **STANDARD CERTIFICATE OF DEATH** DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 1275
 Township _____ or Village San Carlos
 City _____ No. San Carlos Indian Hospital St. _____ Ward _____
(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 Martin, Mary
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If not resident, give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | | | | | |
|--|---------------------------------------|---|--|--|--|----------------|-------------------------------|--|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>4/4 Apache</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | 21. DATE OF DEATH (month, day, and year) <u>May 25, 1934</u> , 19__ | | | | | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | 22. I HEREBY CERTIFY, That I attended, deceased from <u>May 24, 1934</u> , 19__ to <u>May 25, 1934</u> , 19__ I last saw h <u>er</u> alive on <u>May 25, 1934</u> , 19__ death is said to have occurred on the date stated above, at <u>10:15 a.m.</u> The principal cause of death and related causes of importance were as follows: | | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec. 23, 1933</u> | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Whooping cough</td> <td style="width: 20%;">Date of onset <u>2 wks</u></td> </tr> <tr> <td colspan="2">Other contributory causes of importance: <u>Pneumonia, lobular, following whooping cough</u> <u>May 22, 3</u></td> </tr> </table> | | Whooping cough | Date of onset <u>2 wks</u> | Other contributory causes of importance: <u>Pneumonia, lobular, following whooping cough</u> <u>May 22, 3</u> | |
| Whooping cough | Date of onset <u>2 wks</u> | | | | | | | | |
| Other contributory causes of importance: <u>Pneumonia, lobular, following whooping cough</u> <u>May 22, 3</u> | | | | | | | | | |
| 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. | | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | | | | | | |
| 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) <u>San Carlos</u> (State or country) <u>Arizona</u> | | | | | | | | | |
| 13. NAME <u>Martin, Elmer</u> | | | | | | | | | |
| 14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country) | | | | | | | | | |
| 15. MAIDEN NAME <u>Standing, Minnie</u> | | | | | | | | | |
| 16. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u> | | | | | | | | | |
| 17. INFORMANT (Address) | | | | | | | | | |
| 18. BURIAL, OCCUPATION, OR REMOVAL Place <u>San Carlos</u> Date <u>May 25, 1934</u> | | | | | | | | | |
| 19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Ariz</u> | | | | | | | | | |
| 20. FILED <u>May 31, 1934</u> <u>Fred A. Kennedy</u> <small>Registrar</small> | | | | | | | | | |
| | | | | Name of operation _____ Date of _____ | | | | | |
| | | | | What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u> | | | | | |
| 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? _____ <small>(Specify city or town, county, and State)</small> 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? <u>no</u> If so, specify _____ (Signed) <u>Fred A. Kennedy</u> M. D. (Address) <u>San Carlos, Arizona</u> | | | | | | | | | |