

2679

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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. 76  
 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 Phillips, Janet

(a) Residence: No. San Carlos, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

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>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>October 1933</u>		
7. AGE Years _____ Months <u>7</u> Days _____ If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as <u>planer, sawyer, bookkeeper, etc.</u> <u>None</u>	
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>		
13. NAME <u>Phillips, Lee</u>		
14. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u>		
15. MAIDEN NAME <u>Harris, Mary</u>		
16. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u>		
17. INFORMANT _____ (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos</u> Date <u>May 26, 1934</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos</u>		
20. FILED <u>May 31, 1934</u> <u>Fred A. Kennedy</u> Registrar		

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26, 1934, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, 19\_\_\_\_ to May 26, 1934, 19\_\_\_\_  
 I last saw her alive on May 26, 1934, 19\_\_\_\_ death is said to have occurred on the date stated above, at 11:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Whooping cough  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microscopic 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Fred A. Kennedy M. D.  
 (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING

8-2091  
V. 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.**