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San Carlos, Arizona **STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 56
 Township _____ or Village San Carlos or _____
 City _____ No. No Hospital St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME Loretta Randall
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____

2006

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 1/4 Apache Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (month, day, and year) July 22, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
10 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, Ariz (State or country)

13. NAME Ernest Randall

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

15. MAIDEN NAME Maude Hoffman

16. BIRTHPLACE (city or town) San Carlos, Ariz. (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 June 11, 1934

19. UNDERTAKER none (Address)

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10, 1934

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

I last saw her alive on June 9, 1934; death is said to have occurred on the date stated above, at 11:35 p.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 _____ No

What test confirmed diagnosis? _____ Was there an autopsy? _____

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, ARIZ.

MARGIN RESERVED FOR BINDING

8-2021 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.