442

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

394

1 PLACE OF DEATH
County YUMA State ARIZONA Registered No. 4
Township COLO. RIVER AGENCY or Village or
City No. COLO. RIVER AGENCY HOSPITAL St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Infant Brenner

(a) Residence. No. Colo. River Agency St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

81

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	4/4 Mohave Indian	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) June 7th 1934

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9 BIRTHPLACE (city or town) Colo. River Agency
(State or country) Arizona

PARENTS
10 NAME OF FATHER Juan Brenner
11 BIRTHPLACE OF FATHER (city or town) Colo. River Agency
(State or country) Arizona
12 MAIDEN NAME OF MOTHER Mary A. Crook
13 BIRTHPLACE OF MOTHER (city or town) C.R.A.
(State or country) Arizona

14 Informant A.I. Nettle
(Address) Colo. River Agency

15 Filed June, 1934 Abbie E. Collins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 193

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1934, to June 18th, 193, that I last saw him alive on June 18th, 193, and that death occurred, on the date stated above, at 11.45a m.

The CAUSE OF DEATH* was as follows:
Paraplegia spastica, probably prenatal

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? physical exam. only
(Signed) Anna I. Nettle, M. D.
, 19 (Address) Colo. River Agency, Ariz.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Colo. River Agency
DATE OF BURIAL 6-19-34 19
ADDRESS

20 UNDERTAKER Local Indians

MARGIN RESERVED FOR BINDING

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.

V. S. No. 98