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San Carlos Agency

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# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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.**

## 1. PLACE OF DEATH

County Gila State Arizona Registered No. \_\_\_\_\_ or  
Township On reservation without medical care City San Carlos Ward \_\_\_\_\_  
City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_  
Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give its name instead of street and number) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME Randall, Dorothy

(a) Residence: No. San Carlos, Ariz. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If address, state 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>1930</u>		
7. AGE Years <u>4</u>	Months <u>?</u>	Days <u>?</u>
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 _____

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 28, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 3 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 \_\_\_\_\_  
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 \_\_\_\_\_

(Signed) Fred A. Kennedy M. D.  
(Address) San Carlos, Ariz.

OCCUPATION	12. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u>
	13. NAME <u>Randall, Ernest</u>
FATHER	14. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u>
	15. MAIDEN NAME <u>Hoffman, Maude</u>
MOTHER	16. BIRTHPLACE (city or town) <u>San Carlos</u> (State or country) <u>Arizona</u>
	17. INFORMANT <u>Father</u> (Address) _____
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos</u> Date <u>Sept. 29, 1934</u>	
19. UNDERTAKER <u>Family</u> (Address) _____	
20. FILED <u>Sept. 30, 1934</u> <u>Fred A. Kennedy</u> Registrar	

9-3091  
V. S. No. 38