

9887

MARGIN RESERVED FOR BINDING San Carlos Agency

8-209 I 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.

E---On R

# STANDARD CERTIFICATE OF DEATH

083 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

## 1. PLACE OF DEATH

County Gila State Arizona Registered No. \_\_\_\_\_  
Township On reservation without medical care or Village San Carlos or \_\_\_\_\_  
City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
Life (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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if foreign born \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME Rambler, Larry

(a) Residence: No. San Carlos, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city, State, and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (month, day, and year) Jan. 1935

7. AGE Years \_\_\_\_\_ Months 2 Days ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 (State or country) Ariz.

FATHER 13. NAME Rambler, Homer

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

MOTHER 15. MAIDEN NAME Talgo, Olive

16. BIRTHPLACE (city or town) San Carlos (State or country) Arizona

17. INFORMANT Sarah Babb (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos Date Mar. 3, 1935

19. UNDERTAKER Family (Address) San Carlos, Ariz.

20. FILED Mar. 31, 1935 Fred A. Kennedy Registrar

20010

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 2nd, 1935

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 10 p. m.

The principal cause of death and related causes of importance were as follows:

Cause unknown, died without medical care

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) \_\_\_\_\_ M. D.  
(Address) \_\_\_\_\_