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STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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MARGIN RESERVED FOR BINDING San Carlos Agency

8-2087
V. S. No. 38
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 state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos or _____
 City _____ No. San Carlos Indian St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Life _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mead, Zero
 (a) Residence: No. San Carlos, Ariz. (Usual place of abode) St. _____ Ward _____
 (If nonresident give city or town 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) Married

5a. If married, widowed, or divorced HUSBAND of Mead, Sarah Dia

6. DATE OF BIRTH (month, day, and year) ? ? 1900
 7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
35 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Jan. 1935 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) San Carlos, A
 (State or country) Arizona

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT Hospital
 (Address) San Carlos

18. BURIAL, PLACE San Carlos Date April 8, 1935

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

20. FILED April 30, 1935 Fred A. Kennedy Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7th 1935
 22. I HEREBY CERTIFY, That I attended deceased from February 2nd 1935, to April 7th 1935
 I last saw him alive on April 7th 1935 death is said to have occurred on the date stated above, at 9:55p.m.

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

Pneumonia, lobar, left lower lobe Date of onset Jan. 26th 1935

Other contributory causes of importance: Pleurisy, serous, acute Mar. 5, 35

Wound incised neck, caused by suicidal attempt Mar. 7th 1935

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 3-7, 1935

Where did injury occur? San Carlos, Gila Co., Ariz.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Knife cut
 Nature of injury throat

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ M. D.
 (Signed) Fred A. Kennedy
 (Address) San Carlos, Ariz. c11-3184