

680

San Carlos Agency E--On R

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

89

Registered No. 57

1. PLACE OF DEATH
 County Gila State Arizona
 Township On reservation without medical care City San Carlos or
 City Stillborn (If death occurred in a hospital or institution, give its name instead of street and number) 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. _____ mos. _____ ds.

2. FULL NAME Rogers, John
 (a) Residence: No. San Carlos, Ariz. St. _____ Ward _____
 (Usual place of abode) (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) Stillborn

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

6. DATE OF BIRTH (month, day, and year) June 30, 1935

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Arizona

13. NAME Rogers, Rankin

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

15. MAIDEN NAME Harris, Edna

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

17. INFORMANT Harris, Edna
 (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place San Carlos Date July 1, 1935

19. UNDERTAKER Family
 (Address) San Carlos

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:

Stillborn child, cause undetermined

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? no

If so, specify _____ M. D.

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

MARGIN RESERVED FOR BINDING
 8-9007
 V. B. No. 28
 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.