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STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 81
 Township On reservation with medical care Village San Carlos
 City San Carlos Indian No. Life St. _____ Ward _____
(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. born foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Fish, Inee
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If not resident 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) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) Feb. 1935		
7. AGE Years _____ Months 5 Days ? If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (State or country) San Carlos Arizona		
13. NAME Fish, Roger		
14. BIRTHPLACE (city or town) (State or country) San Carlos Arizona		
15. MAIDEN NAME Bendle, Susa		
16. BIRTHPLACE (city or town) (State or country) San Carlos Arizona		
17. INFORMANT Hospital (Address) <u>San Carlos, Ariz</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos</u> Date <u>July 14, 1935</u>		
19. UNDERTAKER Family (Address) <u>San Carlos</u>		
20. FILED <u>July 31, 1935</u> <u>Fred A. Kennedy</u> <small>Registrar</small>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **July 13, 1935** 19__

22. I HEREBY CERTIFY, That I attended deceased from **July 12, 1935** 19__ to **July 13, 1935** 19__
 I last saw him alive on **July 13, 1935**, 19__; death is said to have occurred on the date stated above, at **8:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Inanition, cause improper feeding Date of onset **1 Mo.**

Other contributory causes of importance:

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? _____ 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.

V. B. No. 98
 INFORMATION 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.