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San Carlos Agency E---On R

### STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Registered No. **86**

#### 1. PLACE OF DEATH

County Gila State Arizona  
Township On reservation with medical care Village San Carlos  
City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long \_\_\_\_\_ S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

#### 2. FULL NAME Rogers, Rankin

(a) Residence: No. San Carlos, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If none, send 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 Rogers, Edsan Harris (or) WIFE of \_\_\_\_\_

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. Interpreter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peridot mission

10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation ?

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

13. NAME Ethelbaek, Kay

14. BIRTHPLACE (city or town) Whiteriver (State or country) ARIZONA

15. MAIDEN NAME Cahjintish, Anna

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

17. INFORMANT Wilson Duncan (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date July 19, 1935

19. UNDERTAKER Fred A. Jones, License 10-A (Address) Globe, Arizona

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

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1935, 19\_\_\_\_, to July 1935, 19\_\_\_\_.

I last saw him alive on July 7th, 1935, 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:

Chronic valvular heart disease Date of onset 1932

Other contributory causes of importance:

Acute articular Rheumatism 1932

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

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.