

4717

San Carlos Agency

Form On B

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registered No. **79**

1. PLACE OF DEATH  
 County Gila State Arizona  
 Township On reservation with medical care Village San Carlos  
 City San Carlos Indian No. Life St. San Carlos Indian Ward  
 Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

2. FULL NAME Pike, Ned  
 (a) Residence: No. San Carlos, Arizona St. San Carlos Indian Ward San Carlos Indian  
 (Usual place of abode)

### 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) ? ? 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
1 6 ? ?

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) Arizona

FATHER 13. NAME Pike, Harry

14. BIRTHPLACE (city or town) Bylas  
 (State or country) Arizona

MOTHER 15. MAIDEN NAME Harvey, Marie

16. BIRTHPLACE (city or town) Bylas  
 (State or country) Arizona

17. INFORMANT Hospital  
 (Address) San Carlos, Ariz

18. BURIAL ~~XXXXXXXXXXXXXXXXXXXX~~  
 Place San Carlos Date August 5th, 35

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

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

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3rd 1935 to August 4th 1935

I last saw h. in alive on August 4th 1935 death is said to have occurred on the date stated above, at 4:40 Pm.

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

Gastroenteritis, caused by improper feeding Date of onset 1 Week

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 \_\_\_\_\_ 1935

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) A. F. Hunt  
 (Address) San Carlos, Ariz

MARGIN RESERVED FOR BINDING

8-2097  
 V. B. No. 36  
**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.**