

4720

San Carlos Agency

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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. 82  
 Township On reservation without medical wage San Carlos or  
 City \_\_\_\_\_ No. No hospital 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 Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Miller, Harry  
 (a) Residence: No. San Carlos, Arizona 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) Married

5a. If married, widowed, or divorced HUSBAND of Miller, Cora Wilson (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) ? ? 1888

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 ? ?

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) August 1935 11. Total time (years) spent in this occupation ?

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

FATHER  
 13. NAME Miller, Harlow  
 14. BIRTHPLACE (city or town) San Carlos (State or country) ARIZONA

MOTHER  
 15. MAIDEN NAME ? Ella  
 16. BIRTHPLACE (city or town) San Carlos, Arizona (State or country) \_\_\_\_\_

17. INFORMANT Sarah Babb (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial Date Aug. 8, 1935  
 Place San Carlos

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 7th, 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 2 a. m.

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

Lightening stroke Date of onset \_\_\_\_\_ Inst. \_\_\_\_\_

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? Accident Date of injury 8-7-35  
 Where did injury occur? San Carlos, Arizona  
(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Own home

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Fred A. Kennedy M. D.  
 (Address) San Carlos, Ariz.

MARGIN RESERVED FOR BINDING

8-2081  
V. S. No. 98

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.