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San Carlos Agency

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

V. B. No. 98  
 INFORMATION RECEIVED 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.

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. 71  
 Township On reservation without medical care of Village San Carlos or  
 City No. No hospital St., San Carlos 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 Randall, Herman  
 (a) Residence: No. San Carlos, Arizona St., San Carlos Ward. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 19th 1935</u>		
7. AGE	Years	Months
		Days
		If LESS than 1 day, hrs. or min.
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) (State or country) <u>San Carlos Arizona</u>		
13. NAME <u>Randall, Benjamin</u>		
14. BIRTHPLACE (city or town) (State or country) <u>San Carlos Arizona</u>		
15. MAIDEN NAME <u>Martin, Ivy</u>		
16. BIRTHPLACE (city or town) (State or country) <u>San Carlos ARIZONA</u>		
17. INFORMANT (Address) <u>Sara Babb San Carlos, Ar iz.</u>		
18. BURIAL, CREMATION, OR REMOVAL (Place) <u>Burial San Carlos</u> Date <u>Sept. 22, 1935</u>		
19. UNDERTAKER (Address) <u>Family San Carlos</u>		
20. FILED <u>Sept. 30, 1935</u> <u>Fred A. Kennedy</u> Registered		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21st 1935

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 5 P. m.

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

Cause unknown died without medical attention

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

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