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San Carlos Agency STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 174
 Township On reservation without medical care City San Carlos or
 City _____ No. _____ No hospital _____ St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Martin, Cecelia
 (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 Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 3rd, 1937
 7. AGE Years 8 Months 5 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Martin, James

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

15. MAIDEN NAME Hoffman, Hazel

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

17. INFORMANT Martin, James
 (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place San Carlos Date 9/22/35 19. _____

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

20. FILED Sept. 30, 1935 Fred A. Kennedy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 22nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 19th, 1935, to Sept. 19th, 1935

I last saw her alive on September 19th, 1935 death is said to have occurred on the date stated above, at 6:00 A.M.

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

Tuberculosis, pulmonary, chronic Date of onset 1930
of an advanced nature

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, Arizona

V. S. 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.