

2623

E---On R
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 7
Township On reservation with medical care Village San Carlos Of
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.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patten, Sarah

(a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) ? ? 1934

7. AGE Years _____ Months _____ Days _____ 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 Patten, Albert

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

15. MAIDEN NAME Colgo, Eliza

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

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

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos Date Oct. 29, 1935

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28th, 1935, 19____, to Oct. 28, 1935, 19____.

I last saw her alive on Oct. 28, 1935, 19____; death is said to have occurred on the date stated above, at 2 p.m.

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

Acute military tuberculosis

Date of onset Aug. 1935

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? No
If so, specify _____

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

c11-314

MARGIN RESERVED FOR BINDING

8-9087
V. B. 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.