

595

San Carlos Agency E--On--R STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

78

1. PLACE OF DEATH
County Gila State Arizona Registered No.
Township On reservation with medical care Village San Carlos or
City No. No Hospital St. Ward
Length of residence in city or town where death occurred Life yrs. mos. ds. (If death occurred in a hospital or institution, give its name instead of street and number)
Happening in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillips, Joseph
(a) Residence: No. San Carlos, Arizona St. Ward. (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) Single
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. None
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 Phillips, Fred
14. BIRTHPLACE (city or town) San Carlos, (State or country) Arizona
15. MAIDEN NAME Dia, Agnes
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 Dec. 7, 1935
19. UNDERTAKER Family (Address) San Carlos, Arizona
20. FILED Dec. 31, 1935 Fred A. Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Dec. 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1935 to Dec. 5, 1935, 19
I last saw him alive on, 19; death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar Date of onset Dec. 1.
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, Arizona.

MARGIN RESERVED FOR BINDING

8-2051 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.