

609

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No.
Township On reservation without medical care San Carlos or
City No. No hospital St. Ward
Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give name instead of street and number) yrs. mos. ds. How long in U. S. (of foreign birth?) yrs. mos. ds.

2. FULL NAME Njtlakay

(a) Residence: No. San Carlos, Arizona St. Ward (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) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed
6. DATE OF BIRTH (month, day, and year) ? ? 1858
7. AGE Years 77 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) Unknown (State or country) Unknown
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country) Unknown
17. INFORMANT Miss Sarah Babb (Address) San Carlos, Arizona
18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Arizona Date Dec. 16th 1935
19. UNDERTAKER Family (Address) San Carlos, Arizona
20. FILED Sept. 11th 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 15th 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 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Died without medical attention.
Probable cause of death- pneumonia, lobar.
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? NO
If so, specify
(Signed) [Signature] M. D.
(Address) San Carlos, Arizona.

Occupation is very important. See instructions on back of certificate.

JAN 8 1936