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N. B.—WRITE INLY, 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.

E---On R
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS
 State File No. **92**

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation without medical care Village San Carlos or _____
 City _____ No. No hospital St. _____ 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. If living in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Miller, Abbey
 (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

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov. 1935

7. AGE Years _____ Months 1 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 Miller, Harry

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

15. MAIDEN NAME Curley, Cora

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

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

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

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

20. Filed Jan. 31, 1936 Fred A. Kennedy
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) Dec. 17th, 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. death is said to have occurred on the date stated above, at _____.

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? No

If so, specify _____
 (Signed) Fred A. Kennedy, M. D.
 (Address) San Carlos, Arizona