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MARGIN RESERVED FOR BINDING
ONLY, 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

1. PLACE OF DEATH
County Gila State Arizona
Township On reservation with medical care or Village San Carlos
City _____ No. No hospital
Length of residence in city or town where death occurred 1 week yrs. mos. ds. (If death occurred in a hospital or institution, give the NAME instead of street and number) St. Ward

2. FULL NAME Papus, Marguerite
(a) Residence: No. Bylas, Arizona St. _____ (Usual place of abode) (If non-resident, 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) ? ? 1932

7. AGE Years 3 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) Bylas, (state or country) Arizona

MOTHER FATHER

13. NAME Papus, Lawrence

14. BIRTHPLACE (city or town) Bylas (State or country) Arizona

15. MAIDEN NAME Breston, Evelyn

16. BIRTHPLACE (city or town) Bylas (State or country) Arizona

17. INFORMANT Lawrence Papus (Address) Bylas, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Bylas, Ariz. Date Feb. 14, '36

19. UNDERTAKER Family (Address) Bylas, Ariz.

20. Filed Feb. 29, 1936 Fred A. Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1936, to Feb. 14, 1936.
I last saw her alive on Feb. 14, 1936. death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary edema Date of Onset Feb. 12th

Other contributory causes of importance:
Otitis media, acute Feb. 1st
Bronchitis, acute Feb. 1st

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