

2442

San Carlos Agency

E---On R

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

103

1. PLACE OF DEATH

County Gila State Arizona Registered No. ... Township On reservation with medical care Village San Carlos ... City ... No. No hospital ... Length of residence in city or town where death occurred Life yrs. mos. ds. ...

2. FULL NAME Patten, Idella

(a) Residence: No. San Carlos, Arizona St. ... Ward ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single 6. DATE OF BIRTH 1918 7. AGE 17 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, Earl 14. BIRTHPLACE (city or town) San Carlos (State or country) Arizona 15. MAIDEN NAME Nelson, Susie 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 March 27, 1936 19. UNDERTAKER Fred A. Jones, License 10 (Address) San Globe, Arizona 20. FILED March 31, 1936 Fred A. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26th, 1936 22. I HEREBY CERTIFY, That I attended deceased from January 23rd, 1936 to March 12, 1936, 19... I last saw her alive on March 12, 1936, 19...; death is said to have occurred on the date stated above, at 11 a.m. The principal cause of death and related causes of importance were as follows: Tuberculosis, pulmonary, chronic far advanced Date of onset Oct. '35 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

9-2007 U.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.