

1664

E-—On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

72

MARGIN RESERVED FOR BINDING
8-3091
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.

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos or _____
 City _____ No. San Carlos Indian 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. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME Papus, Evelyn
 (a) Residence: No. Bylas, Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
 HUSBAND of Papus, Lawrence
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) ? ? 1908	7. AGE Years: <u>27</u> Months: ? Days: ? If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) April 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Bylas, Arizona
 (State or country)

FATHER
 13. NAME Kozi, Elton
 14. BIRTHPLACE (city or town) Bylas, Arizona
 (State or country)

MOTHER
 15. MAIDEN NAME Chino, Emma
 16. BIRTHPLACE (city or town) Bylas, Arizona
 (State or country)

17. INFORMANT Hospital
 (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place Bylas, Arizona Date May 4, 1936

19. UNDERTAKER _____
 (Address)

20. FILED May 31, 1936 Fred A. Kennedy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3, 1936, 19____

22. I HEREBY CERTIFY That I attended deceased from April 13, 1936, 19____, to May 3, 1936, 19____.

I last saw her alive on May 3, 1936, 19____; death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:
Tuberculosis, pulmonary, chronic far advanced

Date of onset May 1935

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.

11-3184