

690

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

98

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation without medical care City San Carlos or _____
 City _____ No. No hospital St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Rogers, Snyder
 (a) Residence: No. San Carlos, Ariz. St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>May 12th, 1936</u>		
7. AGE	Years _____	Months _____
	Days _____	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) <u>San Carlos</u> (State or country) <u>Arizona</u>		
13. NAME <u>Rogers, Stanley</u>		
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country)		
15. MAIDEN NAME <u>Adley, Happy</u>		
16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country)		
17. INFORMANT <u>Sarah Babb</u> (Address) <u>San Carlos, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos</u> Date <u>June 1, 1936</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona</u>		
20. FILED _____, 19 _____ <u>[Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31st, 1936

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 _____ m.

The principal cause of death and related causes of importance were as follows:

Cause unknown, died without medical attention

Date of onset #

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? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) _____

MARGIN RESERVED FOR BINDING
 8-2091
 V. B. 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.