

2450

MARGIN RESERVED FOR BINDING  
8-3691  
V. B. No. 10  
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.

San Carlos Agency

E---On R.

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registered No. **59**

1. PLACE OF DEATH  
 County **Gila** State **Arizona**  
 Township **On reservation without medical care** or **San Carlos** St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City \_\_\_\_\_ No. **No hospital**  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if not born here? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME **Perry, Rosalie**  
 (a) Residence: No. **San Carlos, Ariz.** (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Female</b>	4. COLOR OR RACE <b>4/4 Apache</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <b>July 22, 1936</b>				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
			<b>12</b>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
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) <b>July 1936</b>				
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <b>San Carlos, Arizona</b> (State or country)				
13. NAME <b>Perry, Henry</b>				
14. BIRTHPLACE (city or town) <b>San Carlos, Arizona</b> (State or country)				
15. MAIDEN NAME <b>Dili, Fannie</b>				
16. BIRTHPLACE (city or town) <b>San Carlos, Arizona</b> (State or country)				
17. INFORMANT <b>Perry, Henry</b> (Address) <b>San Carlos, Arizona.</b>				
18. BURIAL, CREMATION, OR REMOVAL <b>Burial</b> Place <b>San Carlos, Ariz.</b> Date <b>Aug. 4</b> , 19 <b>36</b>				
19. UNDERTAKER <b>Family</b> (Address) <b>San Carlos, Arizona.</b>				
20. FILED _____, 19____				

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (month, day, and year) **Aug. 3rd, 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 **11:00 P.M.**

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

**Spinal bifida**

Date of onset **Birth**

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 \_\_\_\_\_ M. D.  
 (Signed) **Dr. G. L. Linn**  
 (Address) **San Carlos, Arizona.**

Registrar: **Dr. G. L. Linn**