

2455

San Carlos Agency

E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. **64**

1. PLACE OF DEATH
 County Gila State Arizona
 Township On reservation without medical care City San Carlos
 City On reservation without medical care 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 Phillips, Andy
 (a) Residence: No. San Carlos, Arizona. St. _____ Ward _____

2006

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 6th, 1935

7. AGE Years 1 Months 4 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Phillips, Lee

14. BIRTHPLACE (city or town) San Carlos, (State or country) Arizona

15. MAIDEN NAME Harris, Mary

16. BIRTHPLACE (city or town) San Carlos, (State or country) Arizona

17. INFORMANT Phillips, Lee (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date Aug. 15, 1938

19. UNDERTAKER Family (Address) San Carlos, Ariz.

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ 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

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) Dr. G. J. ... M. D.
 (Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

8-2081
V. 8, 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.

Dr. G. J. ...
Registrar