

MARGIN RESERVED FOR BINDING

8-2007
V. B. No. 54

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 Army

E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

65

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 Hospital 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Newton, Wheeler

(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>Male</u> | 4. COLOR OR RACE <u>4/4 Apache</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, and year) <u>April 23, 1936</u> | | |
| 7. AGE | Years | Months |
| | - | <u>5</u> |
| | | Days |
| | | <u>4</u> |
| | | 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) <u>Bylas,</u> (State or country) <u>Arizona.</u> | | |
| 13. NAME <u>Newton, Ambrose</u> | | |
| 14. BIRTHPLACE (city or town) <u>Bylas,</u> (State or country) <u>Arizona</u> | | |
| 15. MAIDEN NAME <u>Bond, Alice</u> | | |
| 16. BIRTHPLACE (city or town) <u>Bylas,</u> (State or country) <u>Arizona</u> | | |
| 17. INFORMANT <u>Hospital</u> (Address) <u>San Carlos, Arizona</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Bylas, Ariz.</u> Date <u>Sept. 6, 1936</u> | | |
| 19. UNDERTAKER <u>Family</u> (Address) <u>Bylas, Arizona</u> | | |
| 20. FILED _____ 19 _____ <i>Newton Wheeler</i> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 5th, 1936

22. **HEREBY CERTIFY**, That I attended deceased from Sept. 4th, 1936 to Sept. 5th, 1936
I last saw him alive on Sept. 5th, 1936 death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | |
|-------------------------------|--------------------------------|
| <u>Diarrhea, fermentative</u> | Date of onset <u>1 week</u> |
| <u>Malnutrition</u> | |

Other contributory causes of importance:
Malnutrition

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? _____
If so, specify _____
(Signed) Newton Wheeler M. D.
(Address) San Carlos, Arizona.