

MARGIN RESERVED FOR BINDING

9-2001
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.

E---On R.

San Carlos Agency **STANDARD CERTIFICATE OF DEATH** DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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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 foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Miller, Jamison
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If no resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH											
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>		21. DATE OF DEATH (month, day, and year) <u>Sept. 13th, 1936</u>											
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				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 <u>4:00 A. M.</u> The principal cause of death and related causes of importance were as follows: <u>Cause Unknown, died without medical attention</u> <u>Possibly diarrhea</u>											
6. DATE OF BIRTH (month, day, and year) <u>Jan. 28th 1935</u>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">7. AGE</td> <td style="width: 25%;">Years</td> <td style="width: 25%;">Months</td> <td style="width: 25%;">Days</td> <td style="width: 25%;">If LESS than 1 day, _____ hrs. or _____ min.</td> </tr> <tr> <td></td> <td style="text-align: center;"><u>1</u></td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;"><u>12</u></td> <td></td> </tr> </table>		7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.		<u>1</u>	<u>7</u>	<u>12</u>	
7. AGE	Years	Months	Days			If LESS than 1 day, _____ hrs. or _____ min.									
	<u>1</u>	<u>7</u>	<u>12</u>												
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____</td> <td style="width: 25%;">11. Total time (years) spent in this occupation _____</td> </tr> </table>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	11. Total time (years) spent in this occupation _____								
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	11. Total time (years) spent in this occupation _____														
10. Date deceased last worked at this occupation (month and year) _____															
12. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> <small>(State or country)</small>				Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u> 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? _____ <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place. Manner of Injury _____ Nature of Injury _____											
13. NAME <u>Miller, Haskell</u>															
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> <small>(State or country)</small>															
15. MAIDEN NAME <u>Cook, Mary</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Don G. Linnhardt</u> M. D. (Address) <u>San Carlos, Arizona.</u>											
16. BIRTHPLACE (city or town) <u>Globe, Arizona</u> <small>(State or country)</small>															
17. INFORMANT <u>Miller, Haskell</u> <small>(Address) San Carlos, Arizona</small>															
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> <small>Place San Carlos, Ariz. Date Sept. 13, 1936</small>															
19. UNDERTAKER <u>License 10A Fred H. Jones</u> <small>(Address) Globe, Arizona</small>															
20. FILED _____, 19____ <u>Don G. Linnhardt</u> Registrar															