

553

San Carlos Agency

---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

82

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH		County <u>Gila</u> State <u>Arizona</u>		Registered No. <u>82</u>
Township <u>On reservation with medical care</u> Village <u>San Carlos</u>		City <u>No hospital</u> No. <u>Life</u> (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		How long in U. S. If of foreign birth		
2. FULL NAME <u>Patten, McKinney</u>				
(a) Residence: No. <u>San Carlos, Arizona.</u> 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>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>				
6. DATE OF BIRTH (month, day, and year) <u>April 2nd, 1920</u>				
7. AGE	Years <u>16</u>	Months <u>6</u>	Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>				
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>Patten, Bilan</u>				
14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>				
15. MAIDEN NAME <u>Shaw, Majil</u>				
16. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>				
17. INFORMANT <u>Babb, Sarah</u> (Address) <u>San Carlos, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>Oct. 18th, 36</u>				
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona.</u>				
20. FILED _____ 19 _____ <u>San Carlos, Ariz.</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Oct. 17th, 1936</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 16th, 1936</u> to <u>Oct. 17th, 1936</u>				
I last saw him alive on <u>Oct. 16th, 1936</u> death is said to have occurred on the date stated above, at <u>??</u> m.				
The principal cause of death and related causes of importance were as follows: <u>Pericarditis with Effusion</u> Date of onset <u>Oct. 5th?</u>				
Other contributory causes of importance: _____				
Name of operation _____ Date of _____				
What test confirmed diagnosis? <u>Clinical</u> 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? _____ (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) <u>Don R. ...</u> M. D. (Address) <u>San Carlos, Arizona.</u>				