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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.

E---On R.  
Arizona State Board of Health

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 66

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. \_\_\_\_\_  
 TOWNSHIP On reservation without medical care VILLAGE San Carlos OR \_\_\_\_\_  
 CITY \_\_\_\_\_ NO. No hospital ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE Life  
 IN CITY OR TOWN WHERE DEATH OCCURRED YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Rambler, Francis (Junior) HOW LONG IN U. S. IF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. San Carlos, Arizona. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (NON-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>Nov. 20th, 1936</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO <u>Nov. 20th</u> , 19 <u>36</u>  I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>about 12:15 P.M.</u>  THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  <u>Suffocation from being buried under a dirt slide,</u>  OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  _____  _____  _____
3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18, 1927</u>		
7. AGE		YEARS <u>9</u>	MONTHS <u>-</u>	DAYS <u>2</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	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, <del>TRAUMA, OR OTHERWISE</del> DATE OF INJURY <u>Nov. 20th</u> WHERE DID INJURY OCCUR? <u>San Carlos, Ariz.</u> <small>(SPECIFY CITY OR TOWN, COUNTY AND STATE)</small> SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Excavation for basement caved in while boy was playing.</u> MANNER OF INJURY <u>As above</u> NATURE OF INJURY <u>Dirt slide</u>
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) (STATE OR COUNTY) <u>San Carlos, Arizona</u>						
13. NAME <u>Rambler, Homer</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>San Carlos, Arizona</u>						
15. MAIDEN NAME <u>Talgo, Olive</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>San Carlos, Arizona</u>						
17. INFORMANT (ADDRESS) _____						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial San Carlos, Ariz.</u> DATE <u>Nov. 21, 1936</u>						
19. EMBALMER (ADDRESS) _____ LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR <u>License 10-A. Fred H. Jones</u> ADDRESS <u>Globe, Arizona.</u>						
20. FILED _____, 19____ <u>San Carlos, Ariz.</u> REGISTRAR						
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No.</u> IF SO, SPECIFY (SIGNED) <u>Doc Reynolds</u> M. D. (ADDRESS) <u>San Carlos, Arizona.</u>						

10M-7-24-35-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION