

1628

E--On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

93

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos
 City _____ No. San Carlos Indian Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name and number 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 Pike, Dorothy

(a) Residence: No. Bylas, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE 4/4 Apache	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ---
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) Dec. 23rd, 1936		
7. AGE	Years	Months
	-	-
		Days
		-
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as <u>spinster</u> , <u>sawyer</u> , <u>bookkeeper</u> , etc.		
9. Industry or business in which work was done, as <u>silk mill</u> , <u>saw mill</u> , <u>bank</u> , 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>San Carlos,</u> (State or country) <u>Arizona</u>		
13. NAME <u>Pike, Alfred</u>		
14. BIRTHPLACE (city or town) <u>Bylas,</u> (State or country) <u>Arizona</u>		
15. MAIDEN NAME <u>Valor, Nellie</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, Arizona</u> Date <u>Dec. 24, 1936</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>Bylas, Arizona</u>		
20. FILED _____, 19 _____ <i>Howey</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Dec. 23rd, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 23rd, 1936** to **Dec. 23rd, 1936**

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:

Premature Separation of placenta in mother

Date of onset **?**

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) *Arthur E. ...* M. D.
 (Address) Bylas, Arizona

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.

V. S. No. 98