

2039

E---On R.

San Carlos Agency

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. 83  
 Township On reservation without medical care City San Carlos  
 No. NO hospital or  
 Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give the ward instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 How long in U.S. if foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

2. FULL NAME Nosie, Esther  
 (a) Residence: No. San Carlos, 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 (write the word) Single

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Jan. 17th, 1937

7. AGE Years \_\_\_\_\_ Months 5 Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) San Carlos, Arizona  
 (State or country)

13. NAME Nosie, John Baker

14. BIRTHPLACE (city or town) San Carlos, Arizona  
 (State or country)

15. MAIDEN NAME Kayson, Eleanor

16. BIRTHPLACE (city or town) San Carlos, Arizona  
 (State or country)

17. INFORMANT Miss Sarah Babb  
 (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL BURIAL  
 Place San Carlos, Ariz. Date June 18th 1937

19. UNDERTAKER Family  
 (Address) San Carlos, Arizona

20. FILED June 24, 1937

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 12:00 midnight  
 The principal cause of death and related causes of importance were as follows:  
Probable cause of death- Malnutrition, caused by improper feeding. 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) [Signature] M. D.  
 (Address) San Carlos, 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. 108