

653

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. 76
Township On reservation without medical care City San Carlos or
City _____ No. No hospital St. _____ Ward _____
(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 _____ yrs. _____ mos. _____ ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Patten, Terrell

(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

| | | |
|--|---------------------------------------|--|
| 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 _____ | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Feb. 29th, 1920</u> | | |
| 7. AGE | Years <u>17</u> | Months <u>5</u> |
| | Days <u>7</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, Earl</u> | | |
| 14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u> | | |
| 15. MAIDEN NAME <u>Arnold, Susie</u> | | |
| 16. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u> | | |
| 17. INFORMANT <u>Patten, Earl</u> (Address) <u>San Carlos, Arizona</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>Aug. 8th, 1937</u> | | |
| 19. UNDERTAKER <u>License 10-A Fred H. Jones</u> (Address) <u>Globe, Arizona</u> | | |
| 20. FILED <u>Aug. 31st, 1937</u> <i>[Signature]</i> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 6th, 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 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Struck by lightning

Date of onset
8-6-37

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? Accident Date of injury _____, 19____

Where did injury occur Cedar Creek near Whiteriver, Ariz
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Struck by lightning

Nature of injury Struck by lightning.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) *[Signature]* M. D.

(Address) San Carlos, Arizona

c11-3124

MARGIN RESERVED FOR BINDING

9-2097
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.