

673

MARGIN RESERVED FOR BINDING
8-2091
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.

R—On R. **San Carlos Agency**
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
96

1. PLACE OF DEATH
County Gila State Arizona Registered No. _____
Township On reservation with medical care Village San Carlos or _____
City _____ No. San Carlos Indian 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. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Nozi, Baby girl (stillborn)
(a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>4/8 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <small>(write the word)</small> <u>Stillborn</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>August 31st, 1937</u>			
7. AGE	Yes	Months	Days
		-	-
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.			-
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>Nozi, John</u>			
14. BIRTHPLACE (city or town) <u>Bylas,</u> (State or country) <u>Arizona</u>			
15. MARDEN NAME <u>Mull, Dorothy</u>			
16. BIRTHPLACE (city or town) <u>San Carlos,</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>San Carlos, ARIZ.</u> Date <u>Aug. 31</u> , 19 <u>37</u>			
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona</u>			
20. FILED <u>Aug. 31st, 37</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<u>August 31st, 1937</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>August 31st</u> , 19 <u>37</u> to <u>Aug. 31st</u> , 19 <u>37</u> I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above at <u>12:10 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Stillborn child 8 months</u>	
Other contributory causes of importance: <u>Leutic mother</u>	
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? _____ <small>(Specify city or town, county, and State)</small> 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) _____ M. D. (Address) <u>San Carlos, Arizona</u>	