9499

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

413

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. See instructions on back of certificate.

8—2001
V. S. No. 98

1. PLACE OF DEATH

County YUMA State Arizona Registered No. 30

Township ..... or Village ..... or

City Parker No. Colorado River Agency Parker Arizona St., ... Ward

(If death occurred in a hospital or institution, give its status 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 Carolina Snyder

(a) Residence: No. Colorado River Agency St., ... Ward. Parker Arizona

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charley Snyder

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years (90?) ? Months ? Days ? If LESS than 1 day, ..? hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Chemehuevi Valley (State or country) California

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wendell Goodman (Address) Grand-son

18. BURIAL, CREMATION, OR REMOVAL Burial Place Parker Arizona Date Sept. 16th 1937

19. UNDERTAKER Indian (Address) Parker, Arizona

20. FILED 9/16/ 1937 J. H. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw her 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:

No Physician in attendance

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) P. G. Eales, M. D.

(Address) Colorado River Agency

C11—2191