

9597

E--On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH					Registered No. 79	
County <u>Gila</u>		State <u>Arizona</u>				
Township <u>On reservation without medical care</u>			City <u>San Carlos</u>			
City _____		No. <u>No Hospital</u>		St. _____ Ward _____		
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.					How long in U. S. _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Randall, Allen</u>						
(a) Residence: No. <u>San Carlos, Arizona</u>			St. _____ Ward _____			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE 4/4 Apache	5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Single		21. DATE OF DEATH (month, day, and year) October 11th, 1937		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.		
6. DATE OF BIRTH (month, day, and year) Feb. 16th, 1937				I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at ? a.m.		
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
		-	7	24		
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) <u>San Carlos, Arizona</u>						
13. NAME <u>Randall, John</u>						
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>						
15. MAIDEN NAME <u>Astor, Zella</u>						
16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>						
17. INFORMANT <u>Miss Sarah Babb</u> (Address) <u>San Carlos, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos, Ariz.</u> Date <u>Oct. 12th, 1937</u>						
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona</u>						
20. FILED <u>Oct. 12th, 1937</u> <i>[Signature]</i> Registrar.						
				The principal cause of death and related causes of importance were as follows: probable cause of death-Diarrhea and Malnutrition.		
				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? NO						
If so, specify _____						
				(Signed) <i>[Signature]</i> M. D.		
				(Address) <u>San Carlos, Arizona.</u>		