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San Carlos, Arizona

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registered No. 89a

1. PLACE OF DEATH  
 County Gila State Arizona  
 Township On reservation without medical care City San Carlos or  
 City \_\_\_\_\_ No. No hospital (If death occurred in a hospital or institution, give the NAME instead of street and number) Ward \_\_\_\_\_  
 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 Nelson, John  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If deceased, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (month, day, and year) Oct. 24th, 1937

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ 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, (State or country) Arizona

13. NAME Nelson, Michael

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

15. MAIDEN NAME Bread, Lucy (Anna)

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

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

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date Oct. 25th 1937

19. UNDERTAKER Family (Address) San Carlos, Arizona

20. FILED Nov. 2nd, 1937 Registrar [Signature]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 24th, 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 7:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Probable cause of death--  
Asphyxia neonatorum.

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 \_\_\_\_\_ M. D.  
 (Signed) [Signature]  
 (Address) San Carlos, Arizona.

V. S. 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.