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San Carlos Agency

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## 1. PLACE OF DEATH

County Gila State Arizona Registered No. 7  
 Township On reservation without medical care City San Carlos or  
 City Life No. No hospital St. Ward  
(If death occurred in a hospital or institution, give its name, street and number)  
 Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME Randall, Calvin

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

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

6. DATE OF BIRTH (month, day, and year) July 8th, 1927

7. AGE Years 10 Months 3 Days 22 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. San Carlos School  
 10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (years) spent in this occupation ?

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

FATHER 13. NAME Randall, Benjamin

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

MOTHER 15. MAIDEN NAME Martin, Ivy

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 Place San Carlos, Ariz. Date Oct. 31st, 37 Burial

19. UNDERTAKER Family (Address) San Carlos, Arizona

20. FILED Nov. 2nd, 19 37 Miss Sarah Babb Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 30th 19 37

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 ? A.M.

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

Probable cause of death, Lobar pneumonia.

Date of onset

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) Miss Sarah Babb M. D.  
 (Address) San Carlos, Arizona.

c11-3184

V. B. No. 98  
 INFORMATION RELAYED 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.