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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. 68
 Township On reservation without medical care City San Carlos
 City San Carlos No. No hospital St. San Carlos Ward San Carlos
 Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give its name instead of street and number)
 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miller, Bessie May

(a) Residence: No. San Carlos, Arizona. St. San Carlos Ward San Carlos
 (Usual place of abode) (If no resident city, town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Miller, Haskell</u>		
6. DATE OF BIRTH (month, day, and year) <u>?? 1911</u>		
7. AGE Years <u>26</u> Months <u>?</u> Days <u>?</u> If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>		11. Total time (years) spent in this occupation <u>2</u>
10. Date deceased last worked at this occupation (month and year) <u>Dec. 1937</u>		
12. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>		
13. NAME <u>Cook, John Astor</u>		
14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>		
15. MAIDEN NAME <u>Deceased</u>		
16. BIRTHPLACE (city or town) <u>?</u> (State or country)		
17. INFORMANT <u>Agency Records,</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>Jan. 9th, 1938</u>		
19. UNDERTAKER <u>License 10-A, Fred H. Jones</u> (Address) <u>Globe, Arizona</u>		
20. FILED <u>Jan. 12th 1938</u> <u>How [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 7, 1938

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 3:00 a.m.

The principal cause of death and related causes of importance were as follows:
Probable cause of death-
uterine hemorrhage

Date of onset 1-8-38

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) How [Signature] M. D.
 (Address) San Carlos, Arizona.

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.

8-2091
V. B. No. 38