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E---On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Hila State Arizona Registered No. 082
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)
How long in U. S. if born abroad? Birth? yrs. mos. ds.

2. FULL NAME Martin, Jane

(a) Residence: No. San Carlos, Arizona St. San Carlos Ward San Carlos
(Usual place of abode) (If not resident give city or 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>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 20, 1937</u>		
7. AGE	Years	Months
		<u>2</u>
	Days	<u>16</u>
	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 15, 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 10:00 a.m.

The principal cause of death and related causes of importance were as follows:
Probable cause of death-Broncho-pneumonia

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) [Signature] M. D.
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.

9-0007 V. S. No. 98

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

13. NAME Martin, Elmer

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

15. MAIDEN NAME Stanley, Minnie

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

17. INFORMANT Minnie Martin
(Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial
Place San Carlos, Ariz. Date Feb. 16, 1938

19. UNDERTAKER Family
(Address) San Carlos, Arizona

20. FILED March 4, 1938 [Signature]
Registrar