

9242

MARGIN RESERVED FOR BINDING

8-9001  
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.

E—On R.

### STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. \_\_\_\_\_  
 Township On reservation without medical care or Village San Carlos  
 City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_ 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 Patten, Laura  
 (a) Residence: No. San Carlos, Arizona. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) ? ? 1880

7. AGE  
 Years 58 Months ? Days ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

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, Arizona.  
 (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown  
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
 (State or country)

17. INFORMANT Agency Records,  
 (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place San Carlos, Ariz. Date March 3, 1938

19. UNDERTAKER Family  
 (Address) San Carlos, Arizona

20. FILED March 4, 1938 San Carlos, Arizona  
 Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Probable cause of death—Pneumonia, lobar.

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) San Carlos, Arizona M. D.  
 (Address) San Carlos, Arizona.