

3259

San Carlos Agency

E—On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 86  
 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 of foreign birth, give date of arrival in U. S.

2. FULL NAME Parson, Everett

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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. 18, 1937</u>		
7. AGE	Years	Months
	-	4
		Days
		4
		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
<u>-</u>		<u>-</u>
12. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country)		
13. NAME <u>Parson, Edward</u>		
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country)		
15. MAIDEN NAME <u>? , Keshaw</u>		
16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> (State or country)		
17. INFORMANT <u>Keshaw Parson (mother)</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos, Ariz.</u> Date <u>March 23, 1938</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos Arizona</u>		
20. FILED <u>April 20, 1938</u> <u>Archival</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22nd, 1938

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

I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 12:00 noon

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

Probable cause of death—Malnutrition, improper feeding.

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? -

If so, specify \_\_\_\_\_

(Signed) Dr. J. J. ... M. D.  
 (Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

8-2087  
V. S. No. 88

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.