

9262

~~San Carlos Avenue~~ E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 89
 Township On reservation with medical care Village San Carlos or
 City San Carlos Indian Hospital No. San Carlos Indian Hospital St. San Carlos Ward
(If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred 6 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME McGhie, Gussie

(a) Residence: No. San Carlos, Arizona St. San Carlos Ward San Carlos
(Usual place of abode) (If nearest, not 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>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>McGhie, Ross</u> (or) WIFE of <u>McGhie, Ross</u>		
6. DATE OF BIRTH (month, day, and year) <u>?? 1893</u>		
7. AGE Years <u>45</u> Months <u>?</u> Days <u>?</u> If LESS than 1 day, <u>?</u> hrs. or <u>?</u> 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>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>?</u>		11. Total time (years) spent in this occupation <u>?</u>
12. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u> <small>(State or country)</small>		
13. NAME <u>Button, ?</u>		
14. BIRTHPLACE (city or town) <u>Unknown</u> <small>(State or country)</small>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (city or town) <u>?</u> <small>(State or country)</small>		
17. INFORMANT <u>Hospital,</u> <small>(Address)</small> <u>San Carlos, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> <small>Place</small> <u>San Carlos, Ariz.</u> <small>Date</small> <u>March 25, 1938</u>		
19. UNDERTAKER <u>Family</u> <small>(Address)</small> <u>San Carlos, Arizona</u>		
20. FILED <u>March 24, 1938</u> <i>How Eymur Walter</i> <small>Registrar</small>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1938 to March 24th 1938
 I last saw her alive on March 24th 1938, death is said to have occurred on the date stated above, at 7:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset Mar. 24th

Other contributory causes of importance:
Syphilis, tertiary, latent Unknown
Hysterectomy, ovariectomy. Mar. 21st

Name of operation As above. Date of Mar. 21st
 What test confirmed diagnosis? Symptoms. 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 ? 1938
 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 Eymur Walter* M. D.
 (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING

8-3091
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.