

9263

MARGIN RESERVED FOR BINDING

8-9007
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.

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. 158
 Township On reservation with medical care Village San Carlos
 City San Carlos Indian Hospital No. San Carlos Indian Hospital St. Ward
 Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give its name, street and number)
 yrs. mos. ds. How long in U. S. of foreign birth yrs. mos. ds.

2. FULL NAME Randall, Rufus

(a) Residence: No. San Carlos, Arizona. St. Yard
 (Usual place of abode) (If nonresident, 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>May 8th, 1937</u>		
7. AGE	Years	Months
		<u>10</u>
	Days	If LESS than 1 day, hrs. or min.
	<u>16</u>	
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
12. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>		
13. NAME <u>Randall, Ernest</u>		
14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona.</u>		
15. MAIDEN NAME <u>Hoffman, Maude</u>		
16. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona.</u>		
17. INFORMANT <u>Hospital</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>March 26, 1938</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona.</u>		
20. FILED <u>March 26, 1938</u> <i>Don Gussman</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23rd 1938 to March 25th 1938
 I last saw him alive on March 23, 1938 death is said to have occurred on the date stated above, at 9:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Malnutrition, improper care and feeding. Probably shortly after birth. Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) *Don Gussman* M. D.
 (Address) San Carlos, Arizona.