

8266

MARGIN RESERVED FOR BINDING San Carlos Agency

8-2091
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 Olla State Arizona Registered No. 10163
 Township On reservation without medical care City San Carlos or
 City _____ No. No hospital St. _____ 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 Life mos. _____ ds. _____ How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Miller, Delphine C.
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident 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) Single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec. 26th, 1937

7. AGE Years _____ Months 3 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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)

FATHER

13. NAME Miller, Haskell

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

MOTHER

15. MAIDEN NAME Cook, Mary C.

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

17. INFORMANT Deane, Harry
 (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place San Carlos, Ariz. Date Mar. 28 1938

19. UNDERTAKER License 10-A Fred H. Kenna,
 (Address) Globe, Arizona

20. FILED May 13th, 1938 Delwyn Walter
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27th 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 8:00 a.m.

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

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? No

If so, specify _____

(Signed) Delwyn Walter M. D.
 (Address) San Carlos, Arizona