

9813

San Carlos Agency

E—On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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.

1. PLACE OF DEATH		County <u>Gila</u> State <u>Arizona</u>		Registered No. <u>064</u>
Township <u>On reservation without medical care</u> City <u>San Carlos</u>		No. <u>No hospital</u>		St. _____ Ward _____
Length of residence in city or town where death occurred <u>Life</u>		(If death occurred in a hospital or institution, give NAME instead of street and number)		
2. FULL NAME <u>Quade, Lucy</u>		(a) Residence: No. <u>San Carlos, Arizona</u> St. _____ Ward <u>162</u>		
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>widowed</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widowed</u>				
6. DATE OF BIRTH (month, day, and year) <u>?? 1868</u>				
7. AGE				
Years <u>70</u>	Months <u>?</u>	Days <u>?</u>	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. _____				
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, Arizona</u>				
13. NAME <u>Unknown</u>				
14. BIRTHPLACE (city or town) <u>Unknown</u>				
15. MAIDEN NAME _____				
16. BIRTHPLACE (city or town) _____				
17. INFORMANT <u>Early, Joe</u> (Address) <u>San Carlos, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos, Ariz.</u> Date <u>April 11</u> 19 <u>38</u>				
19. UNDERTAKER <u>License 10-A., Fred H. Jones</u> (Address) <u>Globe, Arizona</u>				
20. FILED <u>April 20</u> 19 <u>38</u> <u>[Signature]</u> Registrar				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>April 9th, 1938</u>				
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.				
I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>5:00 P.M.</u>				
The principal cause of death and related causes of importance were as follows: <u>Probable cause of death—Senility.</u>				
Other contributory causes of importance: _____				
Name of operation _____ Date of _____				
What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>				
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? <u>NO</u>				
If so, specify _____				
(Signed) <u>[Signature]</u> M. D. (Address) <u>San Carlos, Arizona</u>				