

9623

MARGIN RESERVED FOR BINDING

8-3078 I
V. B. No. 96
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.

San Carlos Agency

75 ✓

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
Township On reservation without medical care of Village 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 Randall, Elfreda

(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 <u>Female</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>Aug. 22nd, 1937</u>		
7. AGE	Years <u>1</u>	Months <u>1</u>
	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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>		
FATHER	13. NAME <u>Randall, Benjamin</u>	
	14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona.</u>	
MOTHER	15. MAIDEN NAME <u>Martin, Ivy</u>	
	16. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona.</u>	
17. INFORMANT <u>Mother-Ivy Martin Randall</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>Sept. 25th 38</u>		
19. UNDERTAKER <u>Family,</u> (Address) <u>San Carlos, Arizona.</u>		
20. FILED <u>Sept. 26 19 38</u> Registrar. _____		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13th 1938 to Sept. 17th 1938
I last saw h. ER alive on Sept. 17th 1938; death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Enterocolitis, acute.

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) _____ M. D.
(Address) San Carlos, Arizona.