

9626

E--On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78

1. PLACE OF DEATH

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

2. FULL NAME Norman, Benjamin

(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>Male</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>Norman, Minnie</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>? ? 1881</u>		
7. AGE Years <u>57</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>Laborer</u>		11. Total time (years) spent in this occupation <u>?</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>Sept. 1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 29, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1938 to Sept. 29th, 1938
 I last saw him alive on Sept. 29th, 1938, death is said to have occurred on the date stated above, at 6:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar, pneumonia.

Date of entry 9-7-38

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.

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

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country) "

MOTHER

15. MAIDEN NAME _____ "

16. BIRTHPLACE (city or town) _____ "
 (State or country) "

17. INFORMANT Hospital
 (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place San Carlos, Arizona Date Sept. 30, 1938

19. UNDERTAKER Family
 (Address) San Carlos, Arizona.

20. FILED Sept. 30, 1938
 Registrar _____

MARGIN RESERVED FOR BINDING

8-5087
V. B. 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.