

2095

San Carlos Agency

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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 R—On R. County Gila State Arizona. Registered No. Township On reservation without medical care San Carlos or City No hospital St., Ward 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, Baby boy (No name) (a) Residence: No. San Carlos, Arizona. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single 6. DATE OF BIRTH Sept. 23, 1938 7. AGE 1 month 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK NONE 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE NONE 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION NONE 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION NONE 12. BIRTHPLACE San Carlos, Arizona 13. NAME Miller, Herman 14. BIRTHPLACE San Carlos, Arizona 15. MAIDEN NAME Galsun, Barbara 16. BIRTHPLACE San Carlos, Arizona 17. INFORMANT Father-Herman Miller San Carlos, Arizona 18. BURIAL, CREMATION, OR REMOVAL Burial San Carlos, Arizona Oct. 24, 1938 19. UNDERTAKER Family San Carlos, Arizona 20. FILED Dec. 28th 1938 Registrar. MEDICAL CERTIFICATE OF DEATH: 21. DATE OF DEATH October 23rd, 1938 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 9:00 p.m. The principal cause of death and related causes of importance were as follows: Probable cause of death, broncho-pneumonia. 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) M. D. (Address) San Carlos, Arizona.

U.S. No. 98