

677

San Carlos Agency

E—On R.

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

56

## 1. PLACE OF DEATH

County Gila State Arizona Registered No. \_\_\_\_\_  
 Township On reservation with medical care Village San Carlos or  
 City \_\_\_\_\_ No. San Carlos 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 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME Homer Mallow

(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 Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mallow, Mary (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) ? ? 1880

7. AGE Years 58 Months ? Days ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

13. NAME Unknown

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

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, Ariz. Date Jan. 21st 19 39

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

20. FILED Jan. 25th 19 39 Registrar \_\_\_\_\_

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30th 19 38 to Jan. 20th 19 39

I last saw him alive on Jan. 20th 19 39 death ~~took~~  
~~place~~ occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia general, streptococcic. 10-20-38

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) [Signature] M. D.

(Address) San Carlos, Arizona.

V. S. No. 38  
 INFORMATION RECEIVED FOR BINDING  
 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.