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San Carlos Agency E---On R.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation without medical care City San Carlos or _____
 City _____ No. No hospital St. _____ Ward _____
 Length of residence in city or town where death occurred life yrs. _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Nelson, Michael
 (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>Nelson, Lucy</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>?? 1860</u>		
7. AGE	Years <u>78</u>	Months <u>?</u>
	Days <u>?</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, Arizona.</u> (State or country)		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (city or town) _____ (State or country)	
17. INFORMANT <u>Agency records,</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>Feb. 12th 19 39</u>		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona.</u>		
20. FILED <u>Feb. 13th 19 39</u> <u>[Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 10, 1939

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 5:00 P.M.

The principal cause of death and related causes of importance were as follows:
Probable cause of death--
Pneumonia, lobar

Date of onset _____

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) [Signature] M. D.
 (Address) San Carlos, Arizona.

MARGIN RESERVED 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.