

1715

San Carlos Agency E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 58
 Township On reservation or Village San Carlos
 City _____ No. No hospital or _____ St., _____ Ward _____
 Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution give name instead of street and number)
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Amos Polk
 (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 (or) WIFE of Helen Polk

6. DATE OF BIRTH (month, day, and year) ? ? 1866

7. AGE Years 72 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, (State or country) Arizona.

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 Agency Records, (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date 3-2-39 19.

19. UNDERTAKER _____ (Address) _____

20. FILED March 6th, 19. 39 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/1/ 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 _____ m.

The principal cause of death and related causes of importance were as follows:
(Coroner Jury Verdict)
wounds on heads produced
by an ax in the hands of
Theodore Pold, under
circumstances, not excusable
by law

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
~~Accident~~ homicide Date of injury 3/1/39
 Where did injury occur? home (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] CORONER
 (Address) [Signature] M. D.

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.