

1716

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  
 Township On reservation or Village San Carlos Registered No. 59  
 City \_\_\_\_\_ No. No 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 \_\_\_\_\_  
 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helen 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 Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Polk

6. DATE OF BIRTH (month, day, and year) ?? 1877

7. AGE Years 61 Months ? Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Feb. 1939 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 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 39 [Signature]  
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 39, 19

22. **HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him 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 wounds on heads produced by an ax in the hands of Theodore Polk, 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, suicide, or homicide 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?  
 If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
 (Address) \_\_\_\_\_

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.