

1725

San Carlos Agency E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registered No. **68**

1. PLACE OF DEATH

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

2. FULL NAME Mason, Helen

(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>Female</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 _____ (or) WIFE of <u>Mason, Lemas</u>		
6. DATE OF BIRTH (month, day, and year) <u>?? 1914</u>		
7. AGE Years <u>25</u> Months <u>?</u> Days <u>?</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>		11. Total time (years) spent in this occupation <u>?</u>
10. Date deceased last worked at this occupation (month and year) <u>March 1939</u>		
12. BIRTHPLACE (city or town) <u>Camp Verde, Arizona</u> (State or country)		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country)		
15. MAIDEN NAME <u>n</u>		
16. BIRTHPLACE (city or town) <u>n</u> (State or country)		
17. INFORMANT <u>Mason, Albert</u> (Address) <u>San Carlos, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Arizona</u> Date <u>March 23, 1939</u>		
19. UNDERTAKER <u>License 10-A Fred H. Jones,</u> (Address) <u>Globe, Arizona</u>		
20. FILED <u>April 12th 39</u> <u>Don Rymwally</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22, 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 11:30 p.m.

The principal cause of death and related causes of importance were as follows:
Probable cause of death--
Colitis (Obstructive)
Died without medical care.

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) Don Rymwally M. D.
 (Address) San Carlos, Arizona

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.

V. S. No. 98