

2271

MARGIN RESERVED FOR BINDING

8-2007
V. S. NO. 28

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.

San Carlos Agency

E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

70

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation without medical care No. No hospital St. _____ Ward _____
 City _____ (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 _____ yrs. _____ mos. _____ ds. How long in _____ St. _____ Ward _____
 (If of foreign birth? _____ yrs. _____ mos. _____ ds.)

2. FULL NAME Martin, No name (Baby girl) St. _____ Ward _____
 (a) Residence: No. San Carlos, Arizona. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE 1/4 Apache
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (month, day, and year) April 29th, 1939
 7. AGE Years _____ Months _____ Days _____
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 Martin, Elmer
 14. BIRTHPLACE (city or town) San Carlos, Arizona
 (State or country)

15. MAIDEN NAME Stanley, Minnie
 16. BIRTHPLACE (city or town) San Carlos, Arizona
 (State or country)

17. INFORMANT Father--Elmer Martin
 (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Ariz. Date Burial April 30th 39

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

20. FILED May 17th 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29th, 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 10:00 a.m.

The principal cause of death and related causes of importance were as follows:
Cause unknown, lived six hours.
Parents luetic.

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) Wm. G. Swartz M. D.
 (Address) San Carlos, Arizona.

c11-3181