

MARGIN RESERVED FOR BINDING

8-2091
V. S. No. 98

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.

San Carlos, Arizona

E—On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 53
 Township On reservation with medical care Village San Carlos
 City _____ No. San Carlos Hospital St. _____ Ward _____
(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 life mos. _____ ds. _____ How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

2. FULL NAME Moses, Priscilla
 (a) Residence: No. Bylas, Arizona St. _____ Ward _____
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) April 5th, 1939

7. AGE Years _____ Months _____ Days 26 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) Bylas, (State or country) Arizona.

13. NAME Moses, Amos

14. BIRTHPLACE (city or town) Bylas, (State or country) Arizona

15. MAIDEN NAME Kozi, Mabel (Mildred)

16. BIRTHPLACE (city or town) Bylas, (State or country) Arizona.

17. INFORMANT Hospital, (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Bylas, Arizona. Date May 2nd, 1939

19. UNDERTAKER Family (Address) Bylas, Arizona.

20. FILED May 2nd, 1939 Don Egan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30th, 1939 to May 1st, 1939
 I last saw her alive on May 1st, 1939 death 11:40 a.m.
 occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage, traumatic, subdural. Date of onset _____
Was taken for automobile ride and developed symptoms of above immediately after.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 Egan M. D.
 (Address) San Carlos, Arizona.