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San Carlos Agency STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

8-3081
V. 8, 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.

1. PLACE OF DEATH					Registered No. _____	
County <u>Gila</u>		State <u>Arizona</u>				
Township <u>On reservation without medical care</u>					City <u>San Carlos</u> or _____	
City _____					No. <u>No hospital</u> Ward _____	
(If death occurred in a hospital or institution, give its name, street and number)						
Length of residence in city or town where death occurred <u>life</u> yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth _____ mos. _____ ds.						
2. FULL NAME <u>Randall, Della</u>						
(a) Residence: No. <u>San Carlos, Arizona</u>					St. _____ Ward _____	
(Usual place of abode) (If nonresident give city or town and State)						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>		4. COLOR OR RACE <u>4/4 Apache</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____						
6. DATE OF BIRTH (month, day, and year) <u>Dec. 31st, 1938</u>						
7. AGE		Years _____ Months <u>6</u>		Days <u>9</u> If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>						
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) <u>San Carlos, Arizona</u>						
13. NAME <u>Randall, John</u>						
14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>						
15. MAIDEN NAME <u>Astor, Zella</u>						
16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>						
17. INFORMANT <u>John Randall--father</u>						
(Address) <u>San Carlos, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>						
Place <u>San Carlos, Ariz.</u> Date <u>July 9th 1939</u>						
19. UNDERTAKER <u>License 10-A, Fred H. Jones,</u>						
(Address) <u>Globe, Arizona</u>						
20. FILED <u>July 14th 1939</u> <u>Don Reynolds</u> Registrar						
				21. DATE OF DEATH (month, day, and year) <u>July 8th, 1939</u>		
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 <u>4:00 p.m.</u>						
The principal cause of death and related causes of importance were as follows: <u>Died without medical care</u>						
						Date of onset
<u>Diarrhea, probably due to improper diet.</u>						
Other contributory causes of importance: _____						
Name of operation _____ Date of _____						
What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>						
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? <u>NO</u>						
If so, specify _____						
(Signed) <u>Don Reynolds</u>						M. D.
(Address) <u>San Carlos, Arizona</u>						