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MARGIN RESERVED FOR BINDING

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.

8-3091
U. S. No. 98

E---On R.

San Carlos Agency STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 65a
 Township On reservation without medical care Village San Carlos or
 City _____ No. No 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 Barbara Anne 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					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>			21. DATE OF DEATH (month, day, and year) <u>August 3rd, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					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 _____ m. The principal cause of death and related causes of importance were as follows: <u>Died without medical care.</u> <u>Probable cause of death—</u> <u>Amoebic dysentery.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 23, 1938</u>					Date of onset	
7. AGE Years <u>1</u> Months <u>5</u> Days <u>3</u> If LESS than 1 day, _____ hrs. or _____ min.						
8. Trade, profession, or particular kind of work done, as splaner, 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,</u> (State or country) <u>Arizona.</u>						
13. NAME <u>Albert Polk</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>					What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
15. MAIDEN NAME <u>Maggie Galsun</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? _____ <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>					Manner of Injury _____ Nature of Injury _____	
17. INFORMANT <u>Maggie Galsun (mother)</u> (Address) <u>San Carlos, Arizona.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>Robert A. Cunningham</u> M. D. (Address) <u>San Carlos, Arizona</u>	
18. BURIAL PREPARATION OR REMOVAL Place <u>San Carlos, Ariz.</u> Date <u>Aug. 4th, 1939</u>						
19. UNDERTAKER <u>Family,</u> (Address) <u>San Carlos, Arizona.</u>						
20. FILED <u>May 29th, 1940</u> <u>Robert A. Cunningham</u> Registrar.						