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N.B.—WRITE ONLY, 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 Agency
BUREAU OF VITAL STATISTICS
State File No. 90

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

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

2. FULL NAME Meade, Neil
(a) Residence: No. San Carlos, Arizona St. _____ Ward _____
(Usual place of abode) (If not resident of the city, town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</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 26, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>August 26th</u> , 19 <u>39</u> , to <u>August 26th</u> , 19 <u>39</u> I last saw him alive on <u>August 26th</u> , 19 <u>39</u> ; death XXXX occurred on the date stated above, at <u>2:30 p.m.</u>		
6. DATE OF BIRTH (month, day, and year) <u>June 19th, 1938</u>					The principal cause of death and related causes of importance were as follows: <u>Lobular Pneumonia</u> Date of Onset <u>8-26-39</u>	
7. AGE		11. Total time (years) spent in this occupation _____				
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. _____			Other contributory causes of importance: _____	
10. Date deceased last worked at this occupation (month and year) _____		12. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>				
13. NAME <u>Meade, Clarence</u>		14. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>			Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> there an autopsy? <u>NO</u>	
15. MAIDEN NAME <u>Patten, Rena</u>		16. BIRTHPLACE (city or town) <u>San Carlos, Arizona</u>				
17. INFORMANT <u>Hospital, San Carlos, Arizona</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 <u>industry, in home, or in public place.</u> Manner of injury _____ Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>8-27-39</u> , 19____						
19. UNDERTAKER <u>Family</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 W. Cunningham</u> , M. D. (Address) <u>San Carlos, Arizona</u>	
20. Filed <u>Aug. 30</u> , 19 <u>39</u> <u>Robert W. Cunningham</u> Registrar.						