

4500

San Carlos Agency

F---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 68
 Township On reservation without medical care City San Carlos or
 City No. No hospital St. Ward
 Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nash, Geraldine
 (a) Residence: No. San Carlos, Arizona St. Ward
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced: HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8 24

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) San Carlos,
 (State or country) Arizona

13. NAME Nash, Percy
 FATHER San Carlos,
 (State or country) Arizona

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

15. MAIDEN NAME Edwards, Nancy
 MOTHER San Carlos,
 (State or country) Arizona

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

17. INFORMANT Sally Nash (aunt)
 (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR DISPOSITION
 Place: San Carlos, Ariz. Date Sept. 15, 1939

19. UNDERTAKER Linda 10-A, Fred H. Jones,
 (Address) Box 6108, Arizona

20. FILED Sept. 21, 1939 Robert Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____ death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:
Died without medical care.
Probable cause of death--Lobular Pneumonia.

Other contributory causes of importance:
Whooping cough.

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) Robert Cunningham M. D.
 (Address) San Carlos, Arizona

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.

V. B. No. 98