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EO--On R.

San Carlos Agency
BUREAU OF VITAL STATISTICS
State File No. 69

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

1. PLACE OF DEATH
 County: Gila State: Arizona
 Township: On reservation without medical care or Village: San Carlos
 City: _____ No. No hospital (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: _____ mos. _____ ds.

2. FULL NAME: Randall, Nora
 (a) Residence: No. San Carlos, Arizona St. _____ Ward. _____ (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

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

6. DATE OF BIRTH (month, day, and year) June 20, 1936

7. AGE: Years 1 Months 3 Days 3 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) San Carlos, Arizona (State or country)

13. NAME: Randall, Ernest

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

15. MAIDEN NAME: Hoffman, Maude

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

17. INFORMANT: Ernest Randall (father) (Address) San Carlos, Arizona

18. BURIAL: ~~XXXXXXXXXXXXXXXXXXXX~~ Place San Carlos, Ariz. Date Sept. 15th 39

19. UNDERTAKER: License 10-A, Fred H. Jones, (Address) Globe, Arizona

20. Filed: Sept. 20th 39 Robert J. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 14th, 39

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 3:45 p.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 J. Cunningham M. D.
 (Address) San Carlos, Arizona

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.