

2054

San Carlos Agency

E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

66

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos or _____
 City _____ No. No hospital 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 Naltway, Charles
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
 (Usual place of abode) (nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (month, day, and year) ?? 1870

7. AGE (in years) 69 Months ? Days ? 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)

FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER 15. MAIDEN NAME " 16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mrs Caraway (Field nurse) (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Arizona Date Oct. 25th 1939

19. UNDERTAKER Family (Address) San Carlos, Arizona

20. FILED Oct. 26th 1939 Robert L. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 24th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1939 to Oct. 24th, 1939
 I last saw him alive on Oct. 24th, 1939 death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows: Pulmonary tuberculosis, far advanced. Date of onset Unknown

Other contributory causes of importance: Dysentery--Tuberculosis of bowel.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 L. 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.