

2056

E---On R.

San Carlos Agency

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

Registered No. 68

1. PLACE OF DEATH:

County Gila State Arizona  
Township On reservation without medical care or Village San Carlos or  
City \_\_\_\_\_ No. No hospital St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

Length of residence in city or town where death occurred life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

2. FULL NAME Mull, Ella

Residence: No. San Carlos, Arizona St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ WIDOWED

5a. If married, widowed, or divorced WIDOWED  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) ?? 1888

7. AGE Years Months Days IF LESS than 1 day,  
51 ? ? \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

8. Trade, profession, or particular kind of work done as Housewife  
spinster, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as Own home  
sawmill, 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 and State or country):  
San Carlos, Arizona

13. NAME: Unknown

14. BIRTHPLACE (city or town and State or country):  
Unknown

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town and State or country):  
Unknown

17. INFORMANT (name and address):  
Nettie Bread, (daughter) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL:  
Place San Carlos, Ariz. Date Oct. 31st, 1939

19. UNDERTAKER (name and address):  
Relatives, San Carlos, Arizona

20. FILED Nov. 15th, 1939 Robert H. Cunningham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 30, 1939 193

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193, to \_\_\_\_\_, 193

I last saw h- alive on \_\_\_\_\_, 193, death is said to have occurred on the date stated above, at 10:00 a.m.

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

Probable cause of death-- Pulmonary tuberculosis.

Other contributory causes of importance: Diarrhea

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 \_\_\_\_\_, 193

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 H. Cunningham  
(Address) San Carlos, Arizona