

2058

E---On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. 70  
 Township On reservation with medical care Village San Carlos or  
 City San Carlos Hospital No. 89 St. 89 Ward  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Phillips, James  
 (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 Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1939

7. AGE 15 Years        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)

13. NAME Phillips, Fred

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

15. MAIDEN NAME Dia, Agnes

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

17. INFORMANT Hospital, San Carlos, Arizona  
(Address)

18. BURIAL San Carlos, Ariz. Date Nov. 1st, 1939

19. UNDERTAKER Family  
(Address) San Carlos, Arizona

20. FILED Nov. 1st, 1939 *Robert H. Cunningham*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30th, 1939, to Oct. 31st, 1939  
 I last saw him alive on Oct. 31st, 1939; death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows: Starvation.  
 Other contributory causes of importance:       

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.       

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify         
 (Signed) Robert H. 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.