

2556

E---On R.

San Carlos Agency
STANDARD CERTIFICATE OF DEATH

70
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona
 Township On reservation with medical care or Village San Carlos Registered No. _____
 City _____ No. No hospital or _____
 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.
 (If death occurred in a hospital or institution, give its name instead of street and number)
 (If nonresident give city or town and State)

2. FULL NAME Rogers, Wilson
 (a) Residence: No. San Carlos, Arizona St. _____ Ward. _____
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Nov. 5th, 1939

7. AGE Years _____ Months _____ Days 7 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 Rogers, Donald

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

15. MAIDEN NAME Gardner, Peggy

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

17. INFORMANT Donald Rogers (father)
 (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Ariz. Date Nov. 12th 1939

19. UNDERTAKER Family,
 (Address) San Carlos, Arizona

20. FILED Nov. 15th 1939 Robert D. Cunningham
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1939 to November 10th 1939
 I last saw him alive on Nov. 10th 1939 death is said to have occurred on the date stated above, at 9:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobular.

Date of onset _____

Other contributory causes of importance: _____

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? _____
 If so, specify _____
 (Signed) Robert D. Cunningham M. D.
 (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING

8-5099 I
V. S. No. 38

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.