

9203

E---On R.

San Carlos Agency

Registered No. 69

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: State Arizona  
 County Gila or Village San Carlos St., or  
 Township On reservation with medical care No. San Carlos Hospital Ward.  
 City \_\_\_\_\_ (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 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

2. FULL NAME Miller Baby boy (No name)  
 Residence: No. San Carlos, Arizona. St., \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <b>Male</b>	4. COLOR OR RACE <b>4/4 Apache</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <b>January 26, 1940</b>			
7. AGE	Years	Months	Days
	-	-	<b>5</b>
If LESS than 1 day, _____ hrs. or _____ mins.			
OCCUPATION	8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. <b>None</b>		
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <b>-</b>		
	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): <b>San Carlos, Arizona</b>			
FATHER	13. NAME: <b>Miller, Clinton</b>		
	14. BIRTHPLACE (city or town and State or country): <b>San Carlos, Arizona</b>		
MOTHER	15. MAIDEN NAME: <b>Parson, Maggie</b>		
	16. BIRTHPLACE (city or town and State or country): <b>San Carlos, Arizona.</b>		
17. INFORMANT (name and address): <b>Hospital, San Carlos, Arizona.</b>			
18. BURIAL, CREMATION, OR DISPOSITION: <b>San Carlos, Arizona. Date Feb. 2nd, 1940</b>			
19. UNDERTAKER (name and address): <b>Family, San Carlos, Arizona.</b>			
20. FILED <b>Feb. 26th, 1940</b> <i>Robert H. Cunningham</i> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<b>February 1, 1940</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>Jan. 31st, 1940, to Feb. 1st, 1940</b>	
I last saw him alive on	<b>Feb. 1st, 1940</b>
DEATH occurred on the date stated above, at <b>9:15 a.m.</b>	
The principal cause of death and related causes of importance were as follows:	
<b>Broncho-pneumonia</b>	Date of onset <b>1-29-40</b>
Other contributory causes of importance: <b>Poorly developed</b>	
Name of operation _____	Date of _____
What test confirmed diagnosis? <b>Clinical</b>	Was there an autopsy? <b>No</b>
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? _____	
If so, specify _____	
(Signed) <i>Robert H. Cunningham</i>	
(Address) <b>San Carlos, Arizona.</b>	