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San Carlos Agency

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

Registered No. 720

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 the 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 Raymond Randall

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
(write the word)

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

6. DATE OF BIRTH (month, day, and year) Jan. 4th, 1940

7. AGE Years _____ Months 1 Days 21 If LESS than 1 day, _____ hrs. or _____ mins.

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, 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: John Randall

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

15. MAIDEN NAME: Zella Astor

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

17. INFORMANT (name and address):
Claude Gilbert---San Carlos, Arizona.

18. BURIAL, CREMATION, OR OTHER DISPOSAL
Place San Carlos, Arizona Date Feb. 27th 1940

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

20. FILED March 28th, 1940 Robert A. Cunningham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 26, 1940 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1940, to Feb. 23rd, 1940

I last saw him alive on Feb. 23rd, 1940 death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:
Lobular Pneumonia Feb. 25-40

Other contributory causes of importance:
malnutrition Feb. 1-40

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 _____, 1940

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 A. Cunningham
(Address) San Carlos, Arizona