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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

San Carlos Agency

E---On R

STANDARD CERTIFICATE OF DEATH

Registered No. 78

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 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 Edison Polk
 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 <u>Male</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>February 10, 1940</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
			<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>-</u>			
	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): <u>San Carlos, Arizona.</u>				
FATHER	13. NAME: <u>Nelson Polk</u>			
	14. BIRTHPLACE (city or town and State or country): <u>San Carlos, Arizona.</u>			
MOTHER	15. MAIDEN NAME: <u>Lida Sisto</u>			
	16. BIRTHPLACE (city or town and State or country): <u>San Carlos, Arizona</u>			
17. INFORMANT (name and address): <u>Nelson Polk (father) San Carlos, Arizona</u>				
18. BURIAL INFORMATION OR REMOVAL Place <u>San Carlos, Arizona.</u> Date <u>March 3rd, 1934</u>				
19. UNDERTAKER (name and address): <u>Family, San Carlos, Arizona</u>				
20. FILED <u>March 23th, 1940</u> <i>Robert Cunningham</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<u>March 2nd, 1940</u> 193
22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193	
I last saw him alive on _____, 193, death is said to have occurred on the date stated above, at <u>11:00 a.m.</u>	
The principal cause of death and related causes of importance were as follows: Date of onset	
<u>Lobular Pneumonia</u>	<u>Feb. 28-40</u>
(Died without medical care)	
Other contributory causes of importance: Date of onset	
<u>Malnutrition</u>	<u>Feb. 10-40</u>
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
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 Cunningham</i>	
(Address) <u>San Carlos, Arizona.</u>	