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E---On R.
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

San Carlos Agency
STANDARD CERTIFICATE OF DEATH

Registered No. 87

1. PLACE OF DEATH:

County Gila State Arizona
Township On reservation with medical care or Village San Carlos or
City _____ No. San Carlos 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 _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME Newman, Baby girl (No name)

Residence: No. San Carlos, Arizona. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

21. DATE OF DEATH (month, day, and year) May 4th, 1940 193

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

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1940, 193, to May 4th, 1940, 193
~~DATE OCCURRED~~, 193 death is said

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

to have occurred on the date stated above, at 1:25 a.m.

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

The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset May 4-40

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 _____

Other contributory causes of importance:
Premature separation of placenta. ?

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

13. NAME: Horace Newman

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

15. MAIDEN NAME: Edith Moley

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

17. INFORMANT (name and address): Hospital, San Carlos, Arizona.

18. BURIAL, ~~TO BE FILLED IN BY THE UNDERTAKER~~

Place San Carlos, Ariz. Date May 5th, 1940

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

20. FILED May 29th, 1940 Robert H. Cunningham Registrar

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 _____, 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) Sidney E. Seid
(Address) San Carlos, Arizona.