

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NE--On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

Registered No.

93

1. PLACE OF DEATH:

County Gila

State Arizona

Township On reservation with medical care or Village San Carlos

City San Carlos Hospital No. San Carlos Hospital St. San Carlos Ward. San Carlos

Length of residence in city or town where death occurred life yrs. life mos. life days. How long in U.S., if of foreign birth? life yrs. life mos. life days.

2. FULL NAME Ruth Rice

Residence: No. San Carlos, Arizona.

St. San Carlos Ward. San Carlos

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) ?? 1870

7. AGE Years 70? Months ? Days ? 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: Unknown

14. BIRTHPLACE (city or town and State or country): Unknown

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town and State or country): Unknown

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

18. BURIAL, CREMATION, or other disposal: San Carlos, Ariz. Date May 15th, 1940

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

20. FILED May 28th, 1940 Registrar Robert P. Cunningham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14th, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1940, to May 14th, 1940

I last saw her alive on May 14th, 1940 at San Carlos

Death occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage, cerebral, arteriosclerosis. 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 -, 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) Stanley E. Seid  
(Address) San Carlos, Arizona.