

E---On R.

San Carlos Agency

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF DEATH

Registered No. 94

### 1. PLACE OF DEATH:

County Gila State Arizona  
Township On reservation with medical care or Village San Carlos  
City \_\_\_\_\_ No. San Carlos Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Nancy Newton

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 <b>Female</b>	4. COLOR OR RACE <b>4/4 Apache</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		21. DATE OF DEATH (month, day, and year) <b>May 15th, 1940</b>	193 <b>40</b>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <b>Widowed</b>				22. I HEREBY CERTIFY, That I attended deceased from <b>May 14th</b> , 193 <b>40</b> to <b>May 15th</b> , 193 <b>40</b> I last saw her alive on <b>May 15th</b> , 193 <b>40</b> , death is said to have occurred on the date stated above, at <b>5:00 a.m.</b>	
6. DATE OF BIRTH (month, day, and year) <b>? ? 1858</b>				The principal cause of death and related causes of importance were as follows: <b>Myocarditis, chronic, Arteriosclerosis.</b>	
7. AGE Years <b>82</b> Months <b>?</b> Days <b>?</b> If LESS than 1 day, _____ hrs. or _____ mins.				Other contributory causes of importance: _____	
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. <b>None</b>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <b>-</b>				What test confirmed diagnosis? <b>Clinical</b> Was there an autopsy? <b>No</b>	
10. Date deceased last worked at this occupation (month and year) _____				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 _____	
11. Total time (years) spent in this occupation _____				24. Was disease or injury in any way related to occupation of deceased? <b>--</b> If so, specify _____ (Signed) <b>Sidney E. Seid</b> (Address) <b>San Carlos, Arizona.</b>	
12. BIRTHPLACE (city or town and State or country): <b>San Carlos, Arizona.</b>					
13. NAME: <b>Unknown</b>					
14. BIRTHPLACE (city or town and State or country): <b>Unknown</b>					
15. MAIDEN NAME: <b>-</b>					
16. BIRTHPLACE (city or town and State or country): <b>San Unknown</b>					
17. INFORMANT (name and address): <b>Hospital, San Carlos, Arizona.</b>					
18. BURIAL, <del>OR CREMATION</del> Place <b>San Carlos, Ariz.</b> Date <b>May 16th</b> , 193 <b>40</b>					
19. UNDERTAKER (name and address): <b>Family, San Carlos, Arizona.</b>					
20. FILED <b>May 28th</b> , 19 <b>40</b> <i>Robert H. Cunningham</i> Registrar.					

8-2002