

E---On R.

San Carlos Agency STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 113
 Township On reservation with medical care Village San Carlos or
 City San Carlos Hospital No. San Carlos Hospital St. San Carlos 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 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Rambler
 (a) Residence: No. San Carlos, Arizona. St. San Carlos Ward. San Carlos
(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 (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
- 4 24 ---

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, saw mill, 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) Bylas, (State or country) Arizona

FATHER
 13. NAME Homer Rambler
 14. BIRTHPLACE (city or town) San Carlos, (State or country) Arizona

MOTHER
 15. MAIDEN NAME Olive Talgo
 16. BIRTHPLACE (city or town) Bylas, (State or country) Arizona

17. INFORMANT Hospital, (Address) San Carlos, Arizona.

18. BURIAL San Carlos, Ariz. Date June 1st 1940
Place Date

19. UNDERTAKER Family, (Address) San Carlos, Arizona.

20. FILED May 31st, 1940 Robert L. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31st, 1940

22. I HEREBY CERTIFY That I attended deceased from May 29th, 1940 to May 31st, 1940
 I last saw h. im alive on May 31st, 1940 death occurred
occurred on the date stated above, at 2:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Diarrhea, fermentative. Date of onset 5-20-40

Other contributory causes of importance:

Name of operation Clinical Date of --- No
 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 --- 19---
 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 --- M. D.
 (Signed) Robert L. Cunningham
 (Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9-2007
V. S. No. 98