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San Carlos Agency  
ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 72

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 9 hours - 45 min. In Community life 5 yrs.; In Arizona life 5 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Felix Patten (b) If veteran 10/7 name war \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Male 5. Color or Race 4/4 Apache 6. (a) Single, married, widowed, divorced Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife, if alive - yrs.

7. Birthdate of deceased July 11th, 1935  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 4 18 hrs. min.

9. Birthplace San Carlos, Arizona.  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business \_\_\_\_\_

Father { 12. Name Van Patten  
13. Birthplace San Carlos, Arizona.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Louise Wilcox  
15. Birthplace San Carlos, Arizona.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Louise Wilcox Patten

(b) Address San Carlos, Arizona.

17. (a) Burial, ~~burial of removal~~ Burial

(b) Place San Carlos, Ariz. Date Nov. 30, 1940

18. (a) Embalmer's Signature None

(b) Funeral Director -

(c) Address -

19. (a) November 30, 1940  
(Data received local Registrar)

(b) Robert H. Cunningham  
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 29, 1940  
TIME (Hour and minute) 7:15 P.M. M.

21. I hereby certify that I attended the deceased from Nov. 29th  
1940 to Nov. 29th, 1940;  
that I last saw him alive on Nov. 29th, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobular.

DURATION 2 da.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Robert H. Cunningham M. D.  
Address San Carlos, Ariz. Date signed Nov. 30, 1940