647

E---On R. San Carlos Agency

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

110

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution lda.; In Community lda. (Specify whether years, months or days); In Arizona life 41 yrs.

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

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

3. (a) FULL NAME Frank Preston (b) If veteran name war (c) Social Security No. None (If NONE write the word)

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

6. (b) Name of husband or wife: Ruby Preston | 6. (c) Age of husband or wife, if alive: 35 yrs.

7. Birthdate of deceased: March (Month) ? (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
41	2	?	hrs. min.

9. Birthplace: Bylas, Arizona (City, town or county) (State or Country)

10. Usual Occupation: Cowboy

11. Industry or Business: Cattle

Father
12. Name: Unknown (deceased)
13. Birthplace: " (City, town or county) (State or Country)

Mother
14. Maiden Name: Susie ?
15. Birthplace: Bylas, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature: George Preston
(b) Address: Bylas, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Bylas, Ariz. (c) Date: May 29, 19 41

18. (a) Embalmer's Signature: None
(b) Funeral Director: -
(c) Address: -

19. (a) June 2, 1941 (Date received by local Registrar)
(b) Robert A. Cummings (Registrar's Signature)

5M 100% Reg 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 28th, 19 41;
TIME (Hour and minute) 6:20 a.m. M.

21. I hereby certify that I attended the deceased from May 27th, 19 41 to May 28th, 19 41; that I last saw him alive on May 28th, 19 41; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death: Asthma (Cardio-Renal)	2 wks.
Due to: Nephritis Interstitial	2 yrs.
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 A. Cummings M. D.
Address San Carlos, Ariz. Date signed June 2, 1941