

110

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 100

Registrar's No. _____

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

(d) Length of Stay: In Hospital or Institution _____; In Community Life 2 yrs.; in Arizona Life 2 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) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Wesley Polk (b) If Veteran No (c) If Yes, which country _____
name war Social Security No. No
(If NONE write the word)

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

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

7. Birthdate of deceased February 10 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 8 If less than one day
hrs. _____ min. _____

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

10. Usual Occupation None

11. Industry or Business _____

Father { 12. Name Nelson Polk
13. Birthplace San Carlos Res., Arizona
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Nelson Polk
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date Apr. 20 19 42

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) April 20 1942
(Date received local Registrar)

(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 19 1942
TIME (Hour and minute) 7:30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Measles

Due to Broncho pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] D.
Address San Carlos, Ariz. Date signed 4-20-42

DURATION
10 das.

3 das.

PHYSICIAN
Underline the cause to which death should be charged statistically