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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 93  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 13 days; In Community Life; In Arizona Life  
(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 Sarah Naspugi (b) If veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Female 5. Color or Race Apache 4/4 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife, if alive -- yrs.

7. Birthdate of deceased (Month) (Day) (Year) 1870  
8. AGE: Years Months Days If less than one day  
72 -- -- -- hrs. -- min. --

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

10. Usual Occupation House wife  
11. Industry or Business Own Home

12. Name --  
13. Birthplace (City, town or county) (State or Country) --

14. Maiden Name --  
15. Birthplace (City, town or county) (State or Country) --

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

17. (a) Burial, Cremation or Removal Burial  
(b) Place San Carlos (c) Date Oct. 4 19 42

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

19. (a) 10-3-42 (Date received local Registrar)  
(b) Joseph R. Sackler M.D. (Registrar's Signature)  
20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 3 19 42;  
TIME (Hour and minute) 11:05 A.M.

21. I hereby certify that I attended the deceased from September 19 1942 to October 3 19 42;  
that I last saw her alive on October 3 19 42;

and that death occurred on the date and hour stated above.

Immediate cause of death Senility

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

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

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 Joseph R. Sackler M.D.  
Address San Carlos, Arizona Date signed 10-3-42

DURATION  
One year

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

San Carlos Agency, San Carlos Reservation, San Carlos, Arizona

Enrolled