

804

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10
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; 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) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME Ray Randall (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or Race Apache 4/4 6. (a) Single, ~~Married, widowed or divorced~~ XXXXX
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased 3 31 43
(Month) (Day) (Year)
8. AGE: Years 4 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Infant
11. Industry or Business _____

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

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

18. (a) Informant's own signature John Randall
(b) Address San Carlos, Arizona

17. (a) Burial ~~San Carlos, Arizona~~
(b) Place Peridot, Ariz (c) Date 8-9 19 43

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

19. (a) 8-11-43
(Date received local Registrar)
(b) Joseph L. Sackler MD.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 8-8, 19 43
TIME (Hour and minute) 2:00 P. 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 Diarrhea
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
6 days
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 Joseph L. Sackler M. D.
Address San Carlos, Ariz. Date signed 8-11-43