

4384

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 87
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 2 days; In Community 2 days; in Arizona Life
(Specify whether years, months or days)
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) Citizen of foreign country (yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Delbert Pike (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 Single

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

7. Birthdate of deceased 7 20 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 16 hrs. min.

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

10. Usual Occupation None
11. Industry or Business _____

Father { 12. Name Newton Pike
13. Birthplace Bylas Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Emma Wright
15. Birthplace Bylas Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Emma Pike
(b) Address Bylas, Arizona

17. (a) Burial, Cremation, or other disposition Burial
(b) Place Bylas, Ariz. (c) Date Sept. 6 1943

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

19. (a) 9-6-43
(Date received local Registrar)
(b) Joseph L. Sackler MD
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 5, 19 43;
TIME (Hour and minute) 9:30 P. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1943 to Sept. 5, 1943;
that I last saw him alive on September 5, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Debility
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
1 1/2 Mos.
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, Arizona Date signed 9-6-43

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