

044

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 111

E. on R.

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 24 hrs.; 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) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Phillips Jerry (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro   Oriental  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 8 20 40  
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation None

11. Industry or Business None

12. Name Ernest Phillips  
13. Birthplace San Carlos Arizona  
(City, town or county) (State or Country)

14. Maiden Name Daisy Hoffman  
15. Birthplace San Carlos Arizona  
(City, town or county) (State or Country)

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

17. (a) Burial, Cremation or Removal Burial  
(b) Place San Carlos (c) Date Feb. 1, 1944

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

19. (a) 1-31-44  
(Date received Local Registrar)  
(b) Joseph L. Sackler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 31, 1944 ; TIME (Hour and minute) 6:30 P.M.

21. I hereby certify that I attended the deceased from Jan. 30, 1944 to Jan. 31, 1944 ;

that I last saw him alive on Jan. 31, 1944 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 2 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, Arizona Date signed 1-31-44

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