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SOCIAL SECURITY NO. Arizona State Board of Health BUREAU OF VITAL STATISTICS

MAKING KEPT FOR PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH. 1. PLACE OF DEATH E. or R. County Gila State ARIZONA. 2. FULL NAME Salemus Mason. 3. SEX Male. 4. COLOR OR RACE Apache. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Married. 6. DATE OF BIRTH 1912. 7. AGE 32. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Reservation. 10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) San Carlos, Arizona. 13. NAME No Record. 14. BIRTHPLACE (city or town) No Record. 15. MAIDEN NAME No Record. 16. BIRTHPLACE (city or town) No Record. 17. INFORMANT Census Book. 18. BURIAL, CREMATION, OR REMOVAL Burial. Place San Carlos Date 3-5, 1944. 19. EMBALMER License No. None Signature None. FUNERAL DIRECTOR Address None. 20. Filed 8-18-44, 1944. Registrar F. J. Pure. 21. DATE OF DEATH (month, day, and year) 8-4, 1944. 22. I HEREBY CERTIFY, That I attended deceased from... I last saw h... alive on... death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Carabral Hemorrhage, Gunshot wound. Date of Onset Immediate. 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 8-4, 1944. Where did injury occur? San Carlos Gila Ariz. (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place Home. Manner of injury GUNSHOT. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If no, specify. (Signed) F. J. Pure, M. D. (Address) San Carlos, Arizona.