

2507

SOCIAL SECURITY NO.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH **E. ON R.** State File No. **92**
County **Graham** State **ARIZONA** Registered No. _____
Township _____ or Village _____
City **Bylas** No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred **Life** mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.
2. FULL NAME **John Rope** How long in State when death occurred? **Life** mos. _____ ds.
(a) Residence: **Bylas, Arizona** ; _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE Apache 4/4	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed		21. DATE OF DEATH (month, day, and year) Aug. 3, 1944	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Sarah Rope				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h_____ alive on _____, 19____; 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:	
6. DATE OF BIRTH (month, day, and year) 1863				Date of Onset	
7. AGE Years 81 Months _____ Days _____ If LESS than 1 day, _____hrs. or _____min.				Hypostatic Pneumonia 8 days	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None				due to - Senility	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None				Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) Cibacue, (State or Country) Arizona				What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME No record				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
14. BIRTHPLACE (city or town) No record (State or Country)				Where did injury occur? _____ (Specify city or town, county and State)	
15. MAIDEN NAME No record				Specify whether injury occurred in industry, in home, or in public place	
16. BIRTHPLACE (city or town) No record (State or Country)				Manner of injury _____	
17. INFORMANT Census Book (Address)				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Burial Place Bylas, Arizona Date Aug. 10, 1944				24. Was disease or injury in any way related to occupation of deceased? _____	
19. EMBALMER { License No. _____ Signature None				If so, specify _____ M. D.	
FUNERAL DIRECTOR { Signature _____ Address None				(Signed) F. J. Joice _____ (Address) San Carlos, Arizona	
20. Filed 10-6- _____, 19 44 F. J. Joice Registrar					

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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.
 San Carlos Agency, San Carlos, Arizona
 San Carlos Reservation, San Carlos, Arizona