

2454

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

58

STANDARD CERTIFICATE OF DEATH

State File No. Registered No.

1. PLACE OF DEATH County Gila State ARIZONA Township San Carlos City San Carlos

Length of residence in city or town where death occurred 3 yrs. 4 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Jo Rope (a) Residence San Carlos, Arizona

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Apache-Mohave Indian 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2, 1942

7. AGE Years 3 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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 (State or Country) Arizona

13. NAME Leonard Rope

14. BIRTHPLACE (city or town) Bylas, Arizona (State or Country)

15. MAIDEN NAME Eva Dickens

16. BIRTHPLACE (city or town) Ft. McDowell, Arizona (State or Country)

17. INFORMANT San Carlos Apache Indian (Address) Census

18. BURIAL, CREMATION, OR REMOVAL Place Bylas, Arizona Date Nov. 4, 1945

19. EMBALMER License No. None Signature FUNERAL DIRECTOR Address

20. Filed Nov. 20, 1945 R. McCune, Jr., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3, 1945

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1945 to November 3, 1945

I last saw her alive on November 3, 1945; death is said to have occurred on the date stated above, at 10:45 am

The principal cause of death and related causes of importance were as follows: Date of Onset

Inanition unknown (at least 1 wk)

Tuberculosis pulmonary far advanced active unknown

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. McCune, Jr., M. D. (Address) San Carlos, Arizona

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.