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88

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. _____ Registered No. _____

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City San Carlos No. San Carlos Indian Hospital 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 57 yrs. 3 mos. 8 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 57 yrs. 3 mos. 8 ds.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Apache-Indian 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of Mary Harris Phillips (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1-15-89

7. AGE Years 57 Months 3 Days 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Round-up Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle Industry

10. Date deceased last worked at this occupation, (month and year) April 1945 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) San Carlos (State or Country) Arizona

13. NAME Deceased

14. BIRTHPLACE (city or town) No Record (State or Country)

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) No Record (State or Country)

17. INFORMANT San Carlos Apache Indian (Address) Census

18. BURIAL, CREMATION, OR REMOVAL Burial 24th Place San Carlos, Arizona Date April 23, 1946

19. EMBALMER License No. _____ Signature _____ none

FUNERAL DIRECTOR Address _____ none

20. Filed 4-23-46 Robert D. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23 19 46

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1946, to April 23, 1946

I last saw h. im. alive on April 23, 1946; death is said to have occurred on the date stated above, at 1:50 a.m.

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

94A Coronary Occlusion, Acute Date of Onset 18 hrs.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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? no

If so, specify _____ (Signed) Robert D. Cunningham M. D.

(Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING
EVERY ITEM OF PERMANENT RECORD. PHYSICIANS SHOULD STATE EXACTLY. EXACT STATEMENT OF AGE SHOULD BE PROPERLY CLASSIFIED.
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE EXACTLY. EXACT STATEMENT OF AGE SHOULD BE PROPERLY CLASSIFIED.
INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY CLASSIFIED.
CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
OCCUPATION IS VERY IMPORTANT.