

9252

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

State File No. **85**

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. \_\_\_\_\_  
 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... yrs. 15 mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.  
 How long in State when death occurred? ... yrs. 2 mos. 6 ds.

2. FULL NAME Harding Pike  
 (a) Residence: Bylas, Arizona (Usual place of abode) (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) Single

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

6. DATE OF BIRTH (month, day, and year) 4-20-46

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>2</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Bylas, Arizona (State or Country)

FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (city or town) Unknown (State or Country)

MOTHER  
 15. MAIDEN NAME Geneva Pike  
 16. BIRTHPLACE (city or town) Bylas, Arizona (State or Country)

17. INFORMANT Hospital Chart (Address)  
 18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place Bylas, Arizona Date 6-29-1946

19. EMBALMER { License No. \_\_\_\_\_ Signature \_\_\_\_\_ }  
 FUNERAL DIRECTOR  
 Address \_\_\_\_\_

20. Filed 27 June 1946  
Robert D. Cunningham, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26, 1946

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1946, to June 26, 1946.  
 I last saw him alive on June 26, 1946; death is said to have occurred on the date stated above, at 4:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Dysentery, Bacillary Date of Onset 3 days  
Malnutrition, due to improper feeding. Life  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Robert E. Cunningham, 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.