2709

STANDARD CERTIFICATE OF DEATH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 2406

1. PLACE OF DEATH

County Navajo State Arizona Registered No.

Township Ft.Apache Indian Reservation or Village or

City Whiteriver 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 36 yrs. 6 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Alchesay

(a) Residence: No. Whiteriver, Ariz. St., Ward. 161

(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (month, day, and year) May 13, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

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

10. Date deceased last worked at this occupation (month and year) Nov.1933

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Whiteriver (state or country) Arizona

FATHER

13. NAME William Alchesay

14. BIRTHPLACE (city or town) Whiteriver (State or country) Arizona

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Nathan Alchesay (Address) Whiteriver, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Whiteriver, Ariz. Date Nov.24, 1933

19. UNDERTAKER Wm. Alchesay (Address) Whiteriver, Ariz.

20. Filed 2/10/34, 19 J.A. Hupp Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Nov. 23, 1933

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:

| | Date of Onset |
|---|---|
| Suicide- Shot himself with rifle. | |
| Died immediately | |
| Not seen by physician until dead | |

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) , M. D.

(Address)

5M 9-17-32 MS-47048

Back of Certificate to be used for any additional Information

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.