

1974

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San Carlos Agency STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Gila State Arizona Registered No. 178
Township On reservation with medical care village San Carlos
City No. No hospital State 23 Ward
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? mos. ds.

2. FULL NAME McIntosh, Clarence

(a) Residence: No. San Carlos, Arizona St. Ward. State 23 years

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 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) 1911

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 23 X X

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

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 McIntosh, Robert

14. BIRTHPLACE (city or town) San Carlos (State or country) Arizona

15. MAIDEN NAME McIntosh, Edith

16. BIRTHPLACE (city or town) San Carlos (State or country) Arizona

17. INFORMANT William Free (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos Date Oct. 6th, 1934

19. UNDERTAKER Fred H. Jones (Address) Globe, Arizona

20. FILED O. J. 31, 1934 Fred A. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5th, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1934, 19... to Oct. 5th, 1934, 19...

I last saw him alive on Sept. 30, 1934, 19...; death is said to have occurred on the date stated above, at 3 p.m.

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

Tuberculosis, chronic pulmonary, far advanced Date of onset 4 yrs

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 Fred A. Kennedy (Signed) Fred A. Kennedy M. D.

(Address) San Carlos, Ariz.

MARGIN RESERVED FOR BINDING

8-9097 V. S. No. 98 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. See instructions on back of certificate.