

4786

San Carlos Agency

E---On R

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

68

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos or _____
 City _____ No. San Carlos Indian St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mahsill, John, alias Jack Long, alias John Mar-sil

(a) Residence: No. San Carlos, Arizona St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (month, day, and year) ? ? 1849

7. AGE Years 86 Months ? Days ? If LESS than 1 day, _____ hrs. or _____ min.

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

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 Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hospital (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Ariz. Date Feb. 4th, 1936 Burial

19. UNDERTAKER Fred A. Jones, License 10A (Address) Globe, Arizona

20. FILED Feb. 29, 1936 Fred A. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3rd, 1936, 19____, to Feb. 4th, 1936, 19____.

I last saw him alive on Feb. 4th, 1936, 19____; death is said to have occurred on the date stated above, at 3:30 a.m.

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

Burn 2nd degree, fire. Face, both hands, both feet. Date of onset Feb. 3rd

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb. 3, 1936

Where did injury occur? San Carlos, Gila Co. Ariz.

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Teepee caught fire

Nature of injury Burns from fire

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Fred A. Kennedy M. D.

(Address) San Carlos, Ariz.

c11-3184

MARGIN RESERVED FOR BINDING
 8-2091
 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.