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# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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. See instructions on back of certificate.**

### 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. (If death occurred in a hospital or institution, give its name instead of street and number) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. of foreign birth?

### 2. FULL NAME Major, Matthew

(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 <u>Male</u>	4. COLOR OR RACE <u>4/4 Apache</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Divorced</u>		
6. DATE OF BIRTH (month, day, and year) <u>? ? 1862</u>		
7. AGE Years <u>73</u>	Months <u>?</u>	Days <u>?</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation <u>?</u>
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) <u>April 1936</u>		
12. BIRTHPLACE (city or town) (State or country) <u>San Carlos, Arizona</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) (State or country) <u>San Carlos, Arizona</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (city or town) (State or country) <u>San Carlos, Arizona</u>		
17. INFORMANT <u>Hospital</u> (Address) <u>San Carlos, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>San Carlos, Ariz.</u> Date <u>May 2, 1936</u>		
19. UNDERTAKER <u>License 10-A Fred H. Jones</u> (Address) <u>Globe, Arizona</u>		
20. FILED <u>May 1, 1936</u> <u>Fred A. Kennedy</u> Registrar		

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, 19\_\_\_\_, to May 1, 1936, 19\_\_\_\_.

I last saw him alive on May 1, 1936, 19\_\_\_\_; death is said to have occurred on the date stated above, at 4:20 A.M.

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

<u>Tuberculosis</u>	Date of onset <u>1935</u>
<u>Gastrocolitis, secondary to</u>	<u>April 15th</u>

Other contributory causes of importance:  
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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? \_\_\_\_\_ 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) Fred A. Kennedy, M. D.  
(Address) San Carlos, Arizona.

8-3081  
V. B. No. 98