

7605

E---On R.

San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

87

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
 Township On reservation with out medical care or Village San Carlos or
 City _____ No. No hospital St. _____ Ward _____
 Length of residence in city or town where death occurred Life (If death occurred in a hospital or institution, give its name instead of street and number)
 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME Macukay, Malcolm

(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 or (or) WIFE of Widowed		
6. DATE OF BIRTH (month, day, and year) ? ? 1847		
7. AGE	Years 90	Months ?
	Days ?	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) San Carlos, Arizona (State or country)		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (city or town) Unknown (State or country)	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (city or town) Unknown (State or country)	
17. INFORMANT San Carlos Agency Records. (Address) San Carlos, Arizona		
18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date Oct. 24th, 1937		
19. UNDERTAKER Family (Address) San Carlos, Arizona		
20. FILED Oct. 29th, 1937 <i>[Signature]</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **October 23rd, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 23rd, 1937** to **Oct. 23rd, 1937**
 First saw deceased on _____, 19____; death is said to have occurred on the date stated above, at **12:00 noon**.
 The principal cause of death and related causes of importance were as follows:
Fractured and crushed cervical vertebrae. Date of case: **Oct. 23-37**
Automobile Accident.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Examination of body.** Was there an autopsy? **-**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of Injury **10-23-37**
 Where did injury occur? **About a mile from San Carlos**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **public place**
 Manner of Injury **Automobile struck culvert**
 Nature of Injury **Broken neck**

24. Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify _____
 (Signed) *[Signature]* M. D.
 (Address) **San Carlos, Arizona.**

011-3184

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.

V. B. No. 08