

9268

San Carlos Agency E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING
 9-5081
 U.S. No. 88
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. 35
 Township On reservation without medical care City San Carlos or
 City _____ No. No hospital 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME McAdoo, Robert
 (a) Residence: No. San Carlos, Arizona. St. _____ Ward _____
(Usual place of abode) (If non-resident 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) Married

5a. If married, widowed, or divorced HUSBAND of McAdoo, Mary (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) ?? 1877

7. AGE Years 61 Months ? Days ? If LESS than 1 day, _____ hrs. or _____ min.

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 Ski, Mmazeen

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

15. MAIDEN NAME Nakuski

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

17. INFORMANT McAdoo, Roy (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Peridot, Arizona Date March 31, 1938

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

20. FILED April 15th 1938 *[Signature]* Registrar.

MEDICAL CERTIFICATE OF DEATH 131

21. DATE OF DEATH (month, day, and year) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:
Probable cause—Nephritis, chronic—2yrs. Date of onset _____

Other contributory causes of importance:
Cystitis & general debility. 1-2 yrs.

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? NO

If so, specify _____

(Signed) *[Signature]* M. D.
 (Address) San Carlos, Arizona.