

2048

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San Carlos Agency 60

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH:

County Gila State Arizona
Township On reservation without medical care or Village 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 1 1/2 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME McIntosh, Ike Michael

Residence: No. San Carlos, Arizona St., _____ Ward. _____
(Usual place of abode) (If no 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) Single

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

6. DATE OF BIRTH (month, day, and year) March 1st, 1939

7. AGE Years _____ Months 6 Days 15 IF LESS than 1 day, _____ hrs. or _____ mins.

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, sawmill, 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 and State or country): San Carlos, Arizona

FATHER 13. NAME: McIntosh, Donald Jr.

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

MOTHER 15. MAIDEN NAME: Francis, Lottie

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

17. INFORMANT (name and address): Donald McIntosh Jr (father) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REINTERMENT
Place San Carlos, Arizona Date Oct. 17, 1939

19. UNDERTAKER (name and address): License 10-A. Fred H. Jones, Globe, Arizona

20. FILED Nov. 9th, 1939 Robert L. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 16, 1939 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193

I last saw him _____ alive on _____, 193, death is said to have occurred on the date stated above, at 8:00 P.M.

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

Probable cause of death--
Pneumonia, lobular. Date of onset Oct. 10-39
Died without medical care.

Other contributory causes of importance:
Whooping cough Oct. 1-39

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 _____, 193

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) Robert L. Cunningham

(Address) San Carlos, Arizona