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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

San Carlos Agency
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

E---On R

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location No hospital
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution Life 53 yrs.
 2. Usual Residence of Deceased: (a) State Arizona (Specify whether years, months or days) Life 53 yrs.
 (b) County Gila (c) City or Town San Carlos
 (If outside city limits also write RURAL)
 (d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
 3. (a) FULL NAME Augustine Machukay (b) If veteran name war _____ (c) Social Security No. None
 (If NONE write the word)

4. Sex Male 5. Color or Race 4/4 Apache 6. (a) Single, married, widowed Married
 (b) Name of husband or wife Rachel Machukay 6. (c) Age of husband or wife, if alive 53 yrs.
 7. Birthdate of deceased ? ? 1887
 (Month) (Day) (Year)
 8. AGE: Years 53 Months ? Days ? If less than one day
 hrs. _____ min. _____
 9. Birthplace San Carlos, Arizona.
 (City, town or county) (State or Country)
 10. Usual Occupation None
 11. Industry or Business -
 12. Name Unknown
 13. Birthplace "
 (City, town or county) (State or Country)
 14. Maiden Name Unknown
 15. Birthplace "
 (City, town or county) (State or Country)
 16. (a) Informant's own signature Louis Machukay
 (b) Address San Carlos, Arizona.
 17. (a) Burial, Cremation or Removal Burial
 (b) Place San Carlos, Ariz. Date Feb. 18, 1941
 18. (a) Embalmer's Signature None
 (b) Funeral Director "
 (c) Address "
 19. (a) February 26, 1941
 (Date received local Registrar)
 (b) Robert Cunningham
 (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 16, 1941
 TIME (Hour and minute) 7:45 p.m. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Stab wound into large vessels of neck, left side above clavicle.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

DURATION	PHYSICIAN
<u>?</u>	<u>Underline the cause to which death should be charged statistically.</u>

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) Homicide
 (b) Date of occurrence Feb. 16, 1941
 (c) Where did injury occur? San Carlos Gila, Arizona
 (City or Town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? About home
 (Specify type of place)
 While at work? _____ (e) Means of injury Knife wound.
 23. Signature Robert Cunningham M.D.
 Address San Carlos, Arizona Date signed Feb. 26, 1941