

2553

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 80

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 11 Hours; In Community Life; In Arizona Life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____; (c) Social Security No. _____

3. (a) FULL NAME Bibiana Machukay (h) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased: 4 6 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 32 hrs. min.

9. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

12. Name Louis Machukay
13. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

14. Maiden Name Martha Miller
15. Birthplace San Carlos Arizona
(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 (c) Date 11-29 19 43

18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address None

19. (a) 11-29-43 (Date received Local Registrar)
(b) Joseph L. Sackler MD (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 28, 1943
TIME (Hour and minute) 11:30 P. M.

21. I hereby certify that I attended the deceased from Nov. 28, 19 43 to Nov. 28, 19 43
that I last saw him alive on November 28, 19 43

and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Neglect

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

DURATION
Weeks

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (c) Means of injury _____
23. Signature Joseph L. Sackler M. D.
Address San Carlos, Arizona Date signed 11-29-43

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA