

2469

MARGIN RESERVED FOR BINDING  
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.

**SOCIAL SECURITY NO.**  
**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

State File No. **70**  
Registered No. \_\_\_\_\_

**STANDARD CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
County Gila  
Township \_\_\_\_\_ State ARIZONA  
City San Carlos or Village \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  
2. FULL NAME Dan McIntosh How long in State when death occurred Life yrs. mos. ds.  
(a) Residence: San Carlos, Arizona (Usual place of abode); \_\_\_\_\_ (if non-resident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Apache 4/4</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>MARRIED</u>
5a. If married, widowed, or divorced HUSBAND of <u>Flora McIntosh</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>May 6, 1875</u>		
7. AGE	Years <u>70</u>	Months <u>6 mo.</u>
	Days <u>11</u>	If LESS than 1 day, hrs. or min. _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (city or town) <u>Old San Carlos</u> (State or Country) <u>ARIZONA</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) <u>Arizona</u> (State or Country) _____		
15. MAIDEN NAME <u>Dina McIntosh</u>		
16. BIRTHPLACE (city or town) <u>Arizona</u> (State or Country) _____		
17. INFORMANT <u>San Carlos Apache Indian Census</u> (Address) <u>San Carlos, Arizona</u>		
18. BURIAL, CREMATION, or INTERMENT Place <u>San Carlos</u> Date <u>Nov. 18, 1945</u>		
19. EMBALMER { License No. _____ Signature _____ FUNERAL DIRECTOR _____ Address _____		
20. Filed <u>NOV. 22</u> , 19 <u>45</u> <u>R. McCune, Jr., M.D., Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) NOV. 17, 1945

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 9:00 am  
The principal cause of death and related causes of importance were as follows:  
Unknown  
Hypostatic Pneumonia  
Other contributory causes of importance: \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. McCune, Jr. per R. McCune, Jr. D.  
(Address) San Carlos, Arizona