

CERTIFICATE OF DEATH

1806

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|---|---|--|--|--|--|--|--|--|
| DEATH IDENCE | BIRTH NO. | | | | REGISTRAR'S NO. | | | |
| | 1. PLACE OF DEATH A. COUNTY Gila | | | | 2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Gila | | | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN San Carlos) | | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) life life | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN San Carlos) | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Reservation | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation | | | | |
| 3. NAME OF DECEASED A. (FIRST) Roy B. (MIDDLE) ** C. (LAST) McAdoo | | | | 4. SEX male | | 5. COLOR OR RACE Indi | | |
| 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 7. DATE OF BIRTH MONTH 1886 DAY 64 YEARS MONTHS DAYS | | 8. AGE 64 YEARS MONTHS DAYS | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). cattleman - stockman | | |
| 9B. KIND OF BUSINESS OR INDUSTRY cattleman | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona | | 11. CITIZEN OF WHAT COUNTRY? U. S. A. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no | | |
| 13. SOCIAL SECURITY NO. none | | 14A. FATHER'S NAME Eskine MeAdoo | | 14B. BIRTHPLACE (STATE OR COUNTRY) Arizona | | 15A. MOTHER'S MAIDEN NAME Viola McAdoo | | |
| 15B. BIRTHPLACE (STATE OR COUNTRY) Arizona | | 16. INFORMANT'S SIGNATURE <i>[Signature]</i> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 28, 1950 | | 17. TIME OF DEATH (DAY) (YEAR) 5:00 a.m. | | |
| 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE OR LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Alcoholism. | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate. | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Years & Yrs. | | |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) | | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 21C. (CITY OR TOWN) (COUNTY) (STATE) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | | | | |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 18, 19 49 TO April 18, 19 50 THAT I LAST SAW THE DECEASED ALIVE ON April 18, 19 50 AND THAT DEATH OCCURRED AT 6 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | | |
| 23A. SIGNATURE <i>[Signature]</i> (DEGREE OR TITLE) | | | | 23B. ADDRESS San Carlos, Arizona. | | 23C. DATE SIGNED May 3, 1950 | | |
| 24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE May 2, 1950 | | 24C. NAME OF CEMETERY OR CREMATORY Peridot Cemetery | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Peridot, Arizona. | | |
| 25A. DATE REC'D BY LOCAL REG. May 3, 1950 | | 25B. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS San Carlos, Arizona | | 27. EMBALMER'S SIGNATURE <i>[Signature]</i> CAT. NO. 248-A. | | |

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