

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO. 12967

1. PLACE OF DEATH A. COUNTY B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) C. LENGTH OF STAY IN THIS PLACE IN ARIZONA D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. COUNTY Gila	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) San Carlos	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 8 hours life	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona	B. COUNTY Gila	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation.
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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Pascal	B. (MIDDLE) Machukay	C. (LAST) Machukay	4. SEX male	5. COLOR OR RACE Indian
6. MARRIED - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR Sept. 17 1950	8. AGE YEARS MONTHS DAYS 2 14	IF UNDER 24 HOURS MIN. 8	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Infant
9B. KIND OF BUSINESS OR INDUSTRY	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) (IF YES, WAR OR DATES OF SERVICE) No.	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Louis Machukay	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Martha Miller	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE James Kendall		ADDRESS San Carlos, Arizona.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 11 1950	

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, 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) Intracranial hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 10 hours.
	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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 Dec. 10, 1950, TO Dec. 11, 1950, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 11, 1950, AND THAT DEATH OCCURRED AT 4:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Sandra Ritz, M.D.	23B. ADDRESS San Carlos, Arizona.	23C. DATE SIGNED Dec. 11, 1950
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Dec. 11, 1950.	24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.
25A. DATE REC'D BY LOCAL REG. Dec. 15, 1950	25B. REGISTRAR'S SIGNATURE S. Ritz	26. FUNERAL DIRECTOR'S SIGNATURE Buried by family.	27. EMBALMER'S SIGNATURE