

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 424

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>20 yrs</u> IN ARIZONA <u>20 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION) RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>	
C. CITY OR TOWN <u>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>354 Euclid ave</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>					

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Sam</u> B. (MIDDLE) <u>--</u> C. (LAST) <u>Noland</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) <u>single</u>
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6B. NAME OF SPOUSE <u>none</u>	7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>30</u> YEAR <u>1876</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>79</u>	9. UNDER 1 YEAR DAYS <u>10</u>	10. UNDER 24 HRS. HOURS MIN. ** <u>0</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>retired miner copper</u>
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9B. KIND OF BUSINESS OR INDUSTRY <u>copper mining</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Virginia City, Nev., U.S.A.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>unknown</u>	13. SOCIAL SECURITY NO. <u>unknown</u>
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14A. FATHER'S NAME <u>Sam D. Noland</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	15A. MOTHER'S MAIDEN NAME <u>Rose Noland</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>
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16. INFORMANT'S SIGNATURE <u>Gila County Welfare Board, Globe, Arizona.</u>	ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 30, 1956 at 12:40 p.m.</u>
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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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <u>Uremia</u>	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (B) <u>Chronic Pylorodulc</u>	DUE TO (C) <u>Prostatic Hypertrophy</u>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 24 TO July 30, 1956 THAT I LAST SAW THE DECEASED ALIVE ON July 30, 1956 AND THAT DEATH OCCURRED AT 12:40p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>William E. Proctor M.D.</u>	22B. ADDRESS <u>Globe, Arizona</u>	22C. DATE SIGNED <u>7-30-56</u>
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Aug 2, 1956</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona.</u>
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26A. DATE REC. BY LOCAL REG. <u>7-30-56</u>	26B. REGISTRAR'S SIGNATURE <u>Jesse Nauder</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse Nauder</u>	27B. ADDRESS <u>Globe, Arizona.</u>
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Purchased
1 OF DEATH AND RESIDENCE 0201
CEDENT 2
PERSONAL DATA 177
7
75p
610x
CAUSE OF DEATH (EM 18)
RATIONS, TPTOPSY 2
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR 7
120