

0372  
100

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

211 04  
OF DEATH  
AND 91  
RESIDENCE  
0007

PRECEDENT 1  
PERSONAL DATA 13

5811  
CAUSE  
OF DEATH  
EM 18 0

OPERATIONS, AUTOPSY 2

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

GENERAL DIRECTOR AND REGISTRAR 31

01

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY <input type="checkbox"/> IN CITY/TOWN <input type="checkbox"/> IN RURAL AREA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>San Carlos</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>San Carlos</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Carlos Indian Hospital</u>		D. STREET ADDRESS <u>San Carlos Indian Reservation</u>		E. IS RESIDENCE ON A FARM? <input type="checkbox"/> NO <input type="checkbox"/> YES	
3. NAME OF DECEASED A. (FIRST) <u>Paul</u> B. (MIDDLE) <u>Gilbert</u> C. (LAST) <u>Nosie</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>Indian</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>
8B. NAME OF SPOUSE <u>Catherine Kinney Nosie</u>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>11</u> YEAR <u>1923</u>	8. AGE (IN YEARS) LAST BIRTHDAY: <u>33</u>	9. IF UNDER 1 YEAR: MONTHS <u>2</u> DAYS <u>4</u>	10. IF UNDER 24 HRS.: HOURS <u>2</u> MIN. <u>41</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Ariz.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>NO</u>		13. SOCIAL SECURITY NO. <u>unknown</u>
14A. FATHER'S NAME <u>Albert Nosie</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Clara Mulberry</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>
16. INFORMANT'S SIGNATURE <u>Charles Kenton</u> ADDRESS <u>San Carlos, Ariz.</u>			17. DATE OF DEATH (MONTH) <u>Sept</u> (DAY) <u>15</u> (YEAR) <u>1958</u> at <u>4:45 a.m.</u>		
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.		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. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) <u>Hepatic coma</u> DUE TO (B) <u>jaundice cirrhosis unknown</u> DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>August 5, 1958</u> TO <u>Sept. 15, 1958</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Sept. 15, 1958</u> , AND THAT DEATH OCCURRED AT <u>4:45 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Robert G. Johnson</u> (DEGREE OR TITLE) <u>MD</u>		22B. ADDRESS <u>San Carlos, Arizona</u>		22C. DATE SIGNED <u>10-2-58</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		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
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Sept 18, 1958</u>	25C. NAME OF CEMETERY OR CREMATORY <u>San Carlos Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona</u>
26A. DATE REC. BY REG. <u>10/3/58</u>	26B. REGISTRAR'S SIGNATURE <u>James Raudenbush</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>John James Wecker</u>		27B. ADDRESS <u>Globe, Arizona</u>
28. EMBALMER'S SIGNATURE <u>John James Wecker</u>			28B. EMBALMER'S REG. NO. <u>1323</u>		