

4253

San Carlos Agency E---On R. STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

1. PLACE OF DEATH
County Gila State Arizona Registered No. 72
Township On reservation with medical care Village San Carlos
City No. San Carlos Indian Life (If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nockey, Charlie (Charles)
(a) Residence: No. San Carlos, Arizona St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Widowed (or) WIFE of
6. DATE OF BIRTH (month, day, and year) ? ? 1865
7. AGE Years 71 Months ? Days ? If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) June 1936 11. Total time (years) spent in this occupation ?
12. BIRTHPLACE (city or town) San Carlos, Arizona. (State or country)
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)
17. INFORMANT Hospital San Carlos, Ariz. (Address)
18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date June 8, 1936
19. UNDERTAKER Family San Carlos, Ariz. (Address)
20. FILED June 7, 1936 Doc. G. Lyman Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) June 7, 1936
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19...; death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:
Syphilis, tertiary Date of onset 2 weeks
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? No.
If so, specify
(Signed) A. F. Hunt M. D.
(Address) San Carlos, Ariz.

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. See instructions on back of certificate.