

2469

San Carlos Agency E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
Township On reservation without medical care or San Carlos or
City _____ No. No hospital St. _____ Ward _____
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, Lorraine

(a) Residence: No. San Carlos, Arizona. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 17th, 1935

7. AGE Years 1 Months 3 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) San Carlos,
(State or country) Arizona

13. NAME Nockey, Frank

14. BIRTHPLACE (city or town) San Carlos,
(State or country) Arizona

15. MAIDEN NAME Yulay, Edna

16. BIRTHPLACE (city or town) San Carlos,
(State or country) Arizona.

17. INFORMANT Nockey, Frank
(Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place San Carlos, Ariz. Date Aug. 31, 1936

19. UNDERTAKER License 10-A, Fred H. Jones
(Address) Globe, Arizona.

20. FILED _____, 19____
[Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 31st, 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, 11:15 A. M.

The principal cause of death and related causes of importance were as follows:

Cause Unknown
Died without medical attention
Possibly diarrheal

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? _____
If so, specify _____

(Signed) [Signature] M. D.
(Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

9-2001
V. S. No. 28

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.