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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** STATE FILE NO. **315**

1. PLACE OF DEATH BUREAU OF VITAL STATISTICS REGISTERED NO. **60**

COUNTY Mohave STATE ARIZONA

TOWNSHIP Kingman OR VILLAGE _____

CITY Kingman NO. At Home WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 8 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 0 YRS. 0 MOS. 0 DS.

2. FULL NAME Pete D. Noli HOW LONG IN STATE WHEN DEATH OCCURRED 0 YRS. 0 MOS. 0 DS.

(A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roma Noli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1871

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 64 11 21

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Stockman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Retired

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) La Paz, Ariz.

13. NAME Juan Noli

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Perue

15. MAIDEN NAME Pasqualla Lopes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT Roma Noli (ADDRESS) Kingman, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingman, Ariz. DATE 11/20 1936

19. EMBALMER (LICENSE NO. 139) SIGNATURE [Signature] FUNERAL DIRECTOR Van Harker Mortuary ADDRESS Kingman, Ariz.

20. FILED Nov 18 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 1936 TO 11/17/ 1936

I LAST SAW HIM ALIVE ON 11/16, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:40 a. m.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chronic Myocarditis DATE OF ONSET ?

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cardiac Asthma July, 1936

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. Dick M. D. (ADDRESS) Box 721, Kingman, Ariz.