

605

San Carlos, Arizona

E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

8-2091
V. B. No. 98

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.

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 71
 Township On reservation without medical village City San Carlos or
 City _____ No. No hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. _____ yrs. _____ mos. _____ ds.
(If foreign birth? _____ yrs. _____ mos. _____ ds.)

2. FULL NAME Nosie, Preston
 (a) Residence: No. Bylas, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) April 24th, 1938

7. AGE Years _____ Months 2 Days 25 if LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
 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 _____

MOTHER
 12. BIRTHPLACE (city or town) Bylas, Arizona
 (State or country) _____

FATHER
 13. NAME Nosie, John Baker
 14. BIRTHPLACE (city or town) San Carlos, Arizona
 (State or country) _____

15. MAIDEN NAME Kayson, Eleanor
 16. BIRTHPLACE (city or town) San Carlos, Arizona
 (State or country) _____

17. INFORMANT Agency Records, San Carlos, Arizona
 (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place Bylas, Arizona Date July 20th, 1938

19. UNDERTAKER Family
 (Address) Bylas, Arizona

20. FILED July 25th 1938 [Signature]
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____, 19____; death is said to have occurred on the date stated above, at 7:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Probable cause of death, broncho-pneumonia.
 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) [Signature], M. D.
 (Address) San Carlos, Arizona