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San Carlos Agency
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 50

Registrar's No.

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location Railroad track near San Carlos
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -; In Community Life 20 yrs; In Arizona Life 20 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town San Carlos
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. _____ yrs.
3. (a) FULL NAME Carl Nosey (b) If veteran 167 name war _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race 4/4 Apache 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife, if alive... yrs. _____
7. Birthdate of deceased July 18, 1920
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
20 6 14 hrs. _____ min. _____
9. Birthplace San Carlos, Arizona.
(City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business -
Father { 12. Name Albert Nosey
13. Birthplace San Carlos, Arizona.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Clara Forebear
15. Birthplace San Carlos, Arizona.
(City, town or county) (State or Country)
16. (a) Informant's own signature Leo Nosey
(b) Address San Carlos, Arizona.
17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos, Arizona. Date Feb. 5, 1941
18. (a) Embalmer's Signature None
(b) Funeral Director Fred H. Jones,
(c) Address Globe, Arizona.
19. (a) February 25, 1941
(Date received by local Registrar)
(b) Robert H. Cunningham
(Registrar's Signature)

6M 100% Reg 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 2, 1941
TIME (Hour and minute) 10:00 p.m. M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Skull fracture
Ruptured brain.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence February 2, 1941
(c) Where did injury occur? San Carlos Gila, Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On railroad track.
(Specify type of place)
While at work? No (c) Means of injury Hit by train.
23. Signature Robert H. Cunningham M.D.
Address San Carlos, Arizona Date signed Feb. 25, 1941