

1237

✓ E---On R.

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

93

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital  
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 21 days; In Community life 2 mos; In Arizona life 2 mos  
 (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. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Frederick Noline (b) If veteran name was \_\_\_\_\_ (c) Social Security No. None  
 (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>4/4 Apache</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife -		6. (c) Age of husband or wife, if alive. - yrs. -
7. Birthdate of deceased <u>March 27, 1941</u> (Month) (Day) (Year)		
8. AGE: Years	Months	Days
-	2	21
If less than one day hrs. min.		
9. Birthplace <u>San Carlos, Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>None</u>		
11. Industry or Business -		
Father	12. Name <u>Afton Noline</u>	
	13. Birthplace <u>San Carlos, Arizona</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Hattie Major</u>	
	15. Birthplace <u>San Carlos, Arizona</u> (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18th, 1941;  
 TIME (Hour and minute) 4:30 p.m. M.

21. I hereby certify that I attended the deceased from May 28th, 1941 to June 18th, 1941;  
 that I last saw him alive on June 18th, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to mother refusing to feed or supplement insufficient  
 Due to milk supply

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

DURATION  
Since birth

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Hattie Noline  
 (b) Address San Carlos, Ariz.

17. (a) Burial, Cremation or Removal Burial  
 (b) Place San Carlos, Ariz. Date June 19, 1941

18. (a) Embalmer's Signature None  
 (b) Funeral Director -  
 (c) Address -

19. (a) June 19, 1941  
 (Date received local Registrar)  
 (b) Robert L. Cunningham  
 (Registrar's Signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or Town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of work)  
 (Specify means of injury)

23. Signature Robert L. Cunningham M. D.  
 Address San Carlos, Ariz. Date signed June 19, 1941