

2000

E---On R.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

95

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 Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution -; In Community Life; In Arizona Life
(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 Eva Nahgodadell (b) If veteran name was 95 (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>4/4 Apache</u>	6. (a) Single, married, widowed <u>Widowed</u>
6. (b) Name of husband or wife <u>?</u>	6. (c) Age of husband or wife, if alive <u>?</u> yrs.	
7. Birthdate of deceased <u>No Record.</u> (Month) (Day) (Year)		
8. AGE: Years <u>103</u>	Months <u>?</u>	Days <u>?</u>
If less than one day hrs. min.		
9. Birthplace <u>No Record</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>None</u>		
11. Industry or Business <u>-</u>		
Father	12. Name <u>Unknown</u>	
	13. Birthplace (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Unknown</u>	
	15. Birthplace (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 4, 1941 ;
TIME (Hour and minute) 7:30 a.m. M.

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

Immediate cause of death Cardiac-disease.
(Pan-darditis)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
4 weeks

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

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

17. (a) Burial, ~~cremation or removal~~ Burial
(b) Place San Carlos, Ariz. (c) Date Sept. 5, 1941

18. (a) Embalmer's Signature None
(b) Funeral Director Fred H. Jones,
(c) Address Globe, Arizona.

19. (a) December 1, 1941
(Date received local Registrar)

(b) [Signature]
(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? Yes () Means of injury

23. Signature [Signature] M. D.
Address San Carlos, Arizona Date signed Dec. 1, 1941