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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. 713

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

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location No hospital  
(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 Harold Noland (b) If veteran 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 Wid. divorced

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife, if alive ? yrs.

7. Birthdate of deceased ? ? 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months ? Days ? If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace San Carlos, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business \_\_\_\_\_

Father { 12. Name Unknown  
13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Sam Noland

(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place San Carlos, Ariz. (c) Date Nov. 3, 1941

18. (a) Embalmer's Signature None

(b) Funeral Director \_\_\_\_\_

(c) Address \_\_\_\_\_

19. (a) December 3, 1941  
Date received local Registrar

(b) Robert H. Cunningham  
Registrar's Signature

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 2, 1941;  
TIME (Hour and minute) 10:00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 Cardiac-Renal Disease.  
(Pan-carditis)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 10 days.  
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) \_\_\_\_\_  
(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? \_\_\_\_\_ (e) Means of transport \_\_\_\_\_

23. Signature Robert H. Cunningham  
Address San Carlos, Arizona Date signed 12-3-41