

2164

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 121

Registrar's No. 40

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

(d) Length of Stay: In Hospital or Institution 20 min.; In Community 1 yr; in Arizona 1 yr  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Miami - Rural  
(If outside city limits also write RURAL)

(d) Street No. #43 Trailer Camp (e) Citizen of foreign country (yes or No) No  
If Yes, which country no

3. (a) FULL NAME Charles Graham Noland (b) If Veteran no name war (c) Social Security No. no

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive no yrs.

7. Birthdate of deceased August 14 1941  
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 11 If less than one day hrs. 0 min.

9. Birthplace Lordsburg New Mexico  
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

12. Name Charles Graham Elva Noland

13. Birthplace Apache Arizona  
(City, town or county) (State or Country)

14. Maiden Name Dorothy Lois Crowell

15. Birthplace Willinton Oklahoma  
(City, town or county) (State or Country)

16. (a) Informant's own signature O. H. Smith

(b) Address 41 Hill St. Phone 304 R

17. (a) Burial, Cremation or Removal Burial

(b) Place Burial (c) Date May 26 1943

18. (a) Embalmer's Signature J. Nez Miles Jr

(b) Funeral Director W. H. Mortuary

(c) Address Miami Ariz.

19. (a) May 30 1943  
(Date received local Registrar)

(b) Nelson D. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 25 1943  
TIME (Hour and minute) \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/25  
\_\_\_\_\_, 1943 to 5/25 1943  
that I last saw him alive on 5/25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute laryngitis

Due to Respiratory failure

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
7 days

Removal

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 injury \_\_\_\_\_

23. Signature L. Adams  
Address Miami, Ariz. Date signed 5/25/43 W. D.