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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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 At 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. _____; (a) Citizen of foreign country (yes or No) _____
If Yes, which country _____
(c) Social Security No. _____
3. (a) FULL NAME Nina H. Noland (b) If Veteran name war _____ (c) Social Security No. _____

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA

4. Sex Female 5. Color or Race Apache 4/4 6. (a) ~~Single~~, married, ~~widow~~ widow
6. (b) Name of husband Webb Noland 6. (c) Age of husband or wife, if alive 25 yrs.
7. Birthdate of deceased Unknown Unknown 1917
(Month) (Day) (Year)
8. AGE: Years 26 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace San Carlos Arizona
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Own home
12. Name Charles Ross Hoffman (deceased)
13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
14. Maiden Name Eva ? Unknown
15. Birthplace San Carlos Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Eva H. Clark
(b) Address San Carlos, Arizona
17. (a) Burial, ~~interment~~
(b) Place San Carlos (c) Date Aug. 18, 43
18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address None
19. (a) 9-9-43
(Date received local Registrar)
(b) Joseph L. Sachler
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) August 17, 19 43;
TIME (Hour and minute) 11:00 p. m.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis far advanced
Due to _____
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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 Joseph L. Sachler M. D.
Address San Carlos, Arizona Date signed 9-9-43

DURATION Several years.
PHYSICIAN _____
Underline the cause to which death should be charged statistically