

2355

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 116

E. on R.

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location Hospital
 (If outside city limits also write RURAL)
 (d) Length of Stay: In Hospital or Institution 2 days; 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) Citizen of foreign country (Yes or No) _____
 If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Daniel Noline (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental
 6. (a) Single, married, widowed or divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 26 44
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
2 hrs. 2 min.

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

10. Usual Occupation None
 11. Industry or Business None

12. Name Afton Noline
 13. Birthplace San Carlos Arizona
 (City, town or county) (State or Country)

14. Maiden Name Hattie Major
 15. Birthplace San Carlos Arizona
 (City, town or county) (State or Country)

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

17. (a) Burial, Cremation or Removal Burial
 (b) Place San Carlos (c) Date 3-28-44

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

19. (a) 3-29-44 (Date received/Local Registrar)
 (b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-28-1944
 TIME (Hour and minute) 6:55 A.M.
 21. I hereby certify that I attended the deceased from 3-26-44 to 3-28-44, 1944
 that I last saw him alive on 3-28-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage bowel
 Due to Syphillis Congenital
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

DURATION 1 HOUR
 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 [Signature] M. D.
 Address San Carlos, Arizona signed 4-4-44

San Carlos Reservation, San Carlos Agency, San Carlos, Arizona