

589

SOCIAL SECURITY NO.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 81

1. PLACE OF DEATH H. OR R. County Gila State ARIZONA Registered No. Township San Carlos or Village City San Carlos No. St. Ward

2. FULL NAME Lambert Noland How long in State when death occurred Life (a) Residence San Carlos, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-9-44

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) San Carlos (State or Country) Arizona

13. NAME Webb Noland

14. BIRTHPLACE (city or town) San Carlos (State or Country) Arizona

15. MAIDEN NAME Hazel Martin

16. BIRTHPLACE (city or town) San Carlos (State or Country) Arizona

17. INFORMANT Hazel Noland (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos Date 10-13, 19.44

19. EMBALMER License No. Signature None FUNERAL DIRECTOR None Address None

20. Filed 10-13-19.44 Registrar F. J. Price

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13, 19.44

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 19.44 to Oct. 13, 19.44

I last saw him alive on Oct. 13, 19.44; death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

Convulsions due to Congenital Malformation Date of Onset 1 day

Other contributory causes of importance: Prematurity 26 wks. Gestation Period

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.44

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. J. Price, M. D. (Address) San Carlos, Arizona

MARGIN RESERVED FOR BINDING N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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