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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 89
Registrar's No.

1. Place of Death: (a) County Gila (b) City or Town San Carlos (If outside city limits also write RURAL) (c) Location Residence (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -------; In Community Life (Specify whether years, months or days); In Arizona Life

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 -----

3. (a) FULL NAME John Nosie (b) If Veteran name war --- (c) Social Security No. None

4. Sex Male
5. Race White ☐ Indian ☒ Negro ☐ Oriental ☐ Apache
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife, if alive 0 yrs.

7. Birthdate of deceased (Month) (Day) (Year) 1858

8. AGE: Years 99 Months - Days - If less than one day hrs. -- min. --

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

10. Usual Occupation Cattleman

11. Industry or Business San Carlos

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

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

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

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date Jan. 5, 19 47

18. (a) Embalmer's Signature T. Nery Miles Jr.
(b) Funeral Director T. Nery Miles Jr.
(c) Address Globe, Arizona

19. (a) February 11, 1947 (Date received Local Registrar)
(b) R. D. Cunningham M.D. (Registrar's Signature) yh

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 4, 19 47;
TIME (Hour and minute) 11:00 A. M.

21. I hereby certify that I attended the deceased from ----- ----------, 19 to -------, 19;
that I last saw him alive on January 4, 19 47;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cause Unknown

Due to

Other conditions -------
(Include pregnancy within three months of death)

Major findings:
Of operations -----

Of autopsy ---------

DURATION

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 R. D. Cunningham M. D.
Address San Carlos Date signed 2-11-47

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