

STANDARD CERTIFICATE OF DEATH
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

68-2635

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

2. Usual Residence of Deceased: (a) State Ariz (b) County DeLa (c) City or Town Miami
 (Specify whether years, months or days) (If outside city limits also write RURAL)

3. (a) FULL NAME Russell Roy Noice M.D. (b) If veteran name war World War I (c) Social Security No. 527-20-1592

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married (c) Age of husband or wife, if alive 52 yrs.

6. (b) Name of husband or wife Gladya

7. Birthdate of deceased January 1 1891
 (Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 14 hrs. min.

9. Birthplace Le Roy, North Dakota
 (City, town or county) (State or Country)

10. Usual Occupation Doctor

11. Industry or Business _____

12. Name Albert Noice
 Father

13. Birthplace Ontario, Canada
 (City, town or county) (State or Country)

14. Maiden Name Jane Fitzsimmons
 Mother

15. Birthplace Ontario, Canada
 (City, town or county) (State or Country)

16. (a) Informant's own signature Gladya M. Noice
 (b) Address Miami, Arizona

17. (a) Burial, Cremation or Removal Cremation
 (b) Place Phoenix Ariz (c) Date Apr. 19, 1948

18. (a) Embalmer's Signature D. Roy Miles Jr.
 (b) Funeral Director Miles Mortuary
 (c) Address Miami Ariz

19. (a) April 20 1948
 (Date received Local Registrar)
Arthur D. [Signature]
 (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) April 15, 1948
 TIME (Hour and minute) 2:10 P.M.

21. I hereby certify that I attended the deceased from Aug 1-1948 to April 15, 1948 that I last saw him alive on April 15, 48 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse -
Due to Post-operative, abdominal
surgery

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

Major findings: Carcinoma of Head of
Pancreas. i metastases to
liver

Of autopsy liver

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)
 (e) Means of injury _____

23. Signature [Signature] Address Miami Date signed April 17-48 M. D.