1818

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

State File No. 4221
Registrar's No. 858 E.

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Pioneer Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 yrs. 4 mos. 14 days In Community 4 yrs. 4 mos. 14 days In Arizona 68 Years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. Ariz. Pioneers Home; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Arza P. Nicoll (b) If veteran name war None (c) Social Security No. None

4. Sex Male
5. Race White X Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased March (Month) 14 (Day) 1876 (Year)
8. AGE: Years 72 Months 4 Days 7 If less than one day hrs. ___ min. ___
9. Birthplace Washington (City, town or county) Utah (State or Country)
10. Usual Occupation Railroad
11. Industry or Business Retired
Father 12. Name Alexander Nicoll
13. Birthplace (City, town or county) Wisconsin (State or Country)
Mother 14. Maiden Name Sabina Adams
15. Birthplace (City, town or county) Canada (State or Country)
16. (a) Informant's own signature Ariz. Pioneer Home
(b) Address Prescott, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Holbrook, Ariz. (c) Date 7/23 1948
18. (a) Embalmer's Signature C E Hunter
(b) Funeral Director C. E. Hunter
(c) Address Prescott, Arizona
19. (a) July 23, 1948 (Date received Local Registrar)
(b) G. C. Bassett for Ethel Rulkowski (Registrar's Signature) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 21, 1948, 19___;
TIME (Hour and minute) 11:15 PM M.
21. I hereby certify that I attended the deceased from 1 Jan. 1946 to 21 July 48 that I last saw him alive on 21 July 48 and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Decompensation
Due to Arteriosclerosis Gral
Due to Senility
Other conditions Peptic Ulcer (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
8 mos
3 yrs.
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 C A Barn M. D.
Address Prescott, Ariz. Date signed July 22, 1948

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