

1432

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4324

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location San Carlos Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 17 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) _____
3. (a) FULL NAME NOCKEY, Adkins (b) If Veteran name war no (c) Social Security No. ---

4. Sex M 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 - - 1948
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
6 25 hrs. min.
9. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Infant
11. Industry or Business ---
12. Name Frank Nockey
13. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
14. Maiden Name Edna Yulay
15. Birthplace San Carlos, Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Hospital chart
(b) Address San Carlos Indian Hospital

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Aug. 16, 19 48
TIME (Hour and minute) 6:45 p. m.
21. I hereby certify that I attended the deceased from Aug. 11, 19 48 to Aug. 16, 19 48
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Malnutrition & colitis.
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 8-17-48
18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address _____
19. (a) 8-17-48
(b) R.V. Rogers (Registrar's Signature)
(c) _____ (Days received Local Registrar)

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.V. Rogers M. D.
Address San Carlos, Ariz. Date signed 8-17-48