

401541

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

6457

State File No. _____

Registrar's No. _____

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

(d) Length of Stay: In Hospital or Institution _____; 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 Peridot
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Andrew Noline (b) If veteran name War _____ (c) Social Security No. _____

4. Sex M 5. Race 4/4 Apache 6. (a) Single, married, widowed or divorced Div.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. _____ YRS.

7. Birthdate of deceased 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day
hrs. _____ min. _____

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

10. Usual Occupation Pensioner

11. Industry or Business _____

12. Name Unknown

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

14. Maiden Name Unknown

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

16. (a) Informant's own signature Julia M. Costa, daughter
San Carlos Agency record of autopsy

(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Peridot (c) Date Sept. 6 1948

18. (a) Embalmer's Signature There was none.

(b) Funeral Director _____

(c) Address _____

19. (a) 1-10-49
(Date received Local Registrar)

(b) R.V. Rogers
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 4, 1948
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from _____
Unattended, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to _____

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.V. Rogers M. D.

Address San Carlos Date signed 1-10-49