

2160

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1237

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 0497 97 AND 0004 6	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) TOWN <u>San Carlos</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Bylas, Arizona</u>	
PRECEDENT PERSONAL DATA 2 3 3 181 0 349	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Nancy</u> B. (MIDDLE) C. (LAST) <u>Noline</u>		4. SEX <u>Female</u>	5. COLOR OR RACE <u>Indian</u>
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>1</u> DAY <u>8</u> YEAR <u>1868</u>	B. AGE YEARS <u>81</u> MONTHS <u></u> DAYS <u></u>
CAUSE OF DEATH (ITEM 18) 1193X 0 10	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
	14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Unknown</u>
OPERATIONS, AUTOPSY 2	16. INFORMANT'S SIGNATURE (sgd) <u>Joseph Noline</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 18, 1949</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Alcoholic. Senile, Pneumonia.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
DEATH DUE TO EXTERNAL INFLUENCE X	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
MEDICAL CORONER'S CERTIFICATION 1	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3-6-</u> 19 <u>49</u> TO <u>3-18-</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>3-18-</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>5 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED <u>3-18-49</u>	
FUNERAL DIRECTOR AND REGISTRAR X6 2	23A. SIGNATURE <u>R.V. Rouse</u>		23B. ADDRESS <u>San Carlos, Arizona</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>3-20-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Bylas</u>	
25A. DATE REC'D BY LOCAL REG. <u>3-18-49</u>		25B. REGISTRAR'S SIGNATURE <u>R.V. Rouse</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>