

970

6845

2893

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO.

REGISTRAR'S NO.

DEATH ID 0004  
RESIDENCE 6

ENT 1  
ONAL 137  
TA 0  
649

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TRAR

BIRTH NO. 24 94  
1. PLACE OF DEATH A. COUNTY Gila  
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN San Carlos  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life  
D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital  
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila  
C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN San Carlos  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)  
3. NAME OF DECEASED A. (FIRST) Frank B. (MIDDLE) Nockey C. (LAST)  
4. SEX Male  
5. COLOR OR RACE 4/4 Apache Indian  
6. MARRIED - - - - -  NEVER MARRIED  WIDOWED  DIVORCED  
7. DATE OF BIRTH MONTH DAY YEAR 1912 37  
8. AGE YEARS MONTHS DAYS  
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Cattleman  
9B. KIND OF BUSINESS OR INDUSTRY Cattle  
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona  
11. CITIZEN OF WHAT COUNTRY? U.S.A.  
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No  
13. SOCIAL SECURITY NO. - - -  
14A. FATHER'S NAME Charles Nockey  
14B. BIRTHPLACE (STATE OR COUNTRY) Arizona  
15A. MOTHER'S MAIDEN NAME Sina ?  
15B. BIRTHPLACE (STATE OR COUNTRY) Arizona  
16. INFORMANT'S SIGNATURE Edna Nockey (wife) ADDRESS San Carlos, Arizona  
17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 6, 1949  
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).  
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a) 1. Heart failure  
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STAT- ING THE UNDERLYING CAUSE LAST. DUE TO (b) 2. Concussion of brain  
DUE TO (c) 3. Multiple laceration, contusion and fracture of rt. clavicle  
II. OTHER SIGNIFICANT CONDITIONS and fracture of rt. clavicle  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  
INTERVAL BETWEEN ONSET AND DEATH 1 day  
8 days  
8 days  
19A. DATE OF OPERATION  
19B. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO   
21A. ACCIDENT (SPECIFY) SUICIDE / NON SUICIDE  
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) home  
21C. (CITY OR TOWN) (COUNTY) (STATE) San Carlos Gila Arizona  
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY May 29, 1949 11:30 M  
21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21F. HOW DID INJURY OCCUR? Fell from horse  
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-29-1949 TO 6-6-1949 THAT I LAST SAW THE DECEASED ALIVE ON 6-5-1949 AND THAT DEATH OCCURRED AT 5:35 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.  
23A. SIGNATURE S. Ritz M.D.  
23B. ADDRESS San Carlos, Arizona  
23C. DATE SIGNED June 6, 1949  
24A. BURIAL  CREMATION  REMOVAL   
24B. DATE June 8, 1949  
24C. NAME OF CEMETERY OR CREMATORY San Carlos  
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona  
25A. DATE REC'D BY LOCAL REG. June 6, 1949  
25B. REGISTRAR'S SIGNATURE S. Ritz  
26. FUNERAL DIRECTOR'S SIGNATURE Frank B. Healy ADDRESS 328 S. Hill St. Globe, Arizona.