

6223 ✓

CERTIFICATE OF DEATH

BIRTH NO. 1759

REGISTRAR'S NO.

DEATH 1997 EVIDENCE	1. PLACE OF DEATH A. COUNTY Gila			2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Gila			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) San Carlos			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 17 hrs. life			
	D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital			D. STREET ADDRESS San Carlos Indian Reservation.			
1 3 28 36 0 X51 401 0 0 2 X =	3. NAME OF DECEASED (TYPE OR PRINT) Phillip Noland			4. SEX male		5. COLOR OR RACE Indian	
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR Feb. 21 1951		8. AGE YEARS MONTHS DAYS 0 8 24		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). infant	
	9B. KIND OF BUSINESS OR INDUSTRY none	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. none	
	14A. FATHER'S NAME Webb Noland		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Hazel Hoffman		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
	16. INFORMANT'S SIGNATURE From the file of hospital records.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 15 1951			
	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, ASTHENIA, 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) Pneumonia with meningitic complication. 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.					INTERVAL BETWEEN ONSET AND DEATH unknown
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 14 51 TO Nov. 15 51, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 15 51, AND THAT DEATH OCCURRED AT 6:20 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE <i>James Rudall</i>			23B. ADDRESS San Carlos, Arizona.		23C. DATE SIGNED Nov. 15, 1951		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Nov. 15, 1951	24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.			
25A. DATE REC'D BY LOCAL REG. Nov. 21, 1951	25B. REGISTRAR'S SIGNATURE <i>James Rudall</i>		26. FUNERAL DIRECTOR'S SIGNATURE (Buried by family)		27. EMBALMER'S SIGNATURE		
					CERT. NO.		