

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6915

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Gila

2. USUAL RESIDENCE

REGISTRAR'S NO.

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE New York B. COUNTY

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Roosevelt (rural).

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN West Point

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 15 miles north of Roosevelt, Ariz.

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
U. S. Military Academy

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

(TYPE OR PRINT)

NOEL

SANDERS

PIERRIN

4. SEX

male

5. COLOR OR RACE

white

6. MARRIED - - - - -
NEVER MARRIED
WIDOWED DIVORCED

7. DATE OF BIRTH

MONTH DAY YEAR
Jul 24 1931

8. AGE

YEARS MONTHS DAYS
20 5 6

IF UNDER 24 HOURS
HOURS MIN.
- - - -

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Cadet-U.S. Military Academy

9B. KIND OF BUSINESS OR INDUSTRY
U.S.C.C.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Texas

11. CITIZEN OF WHAT COUNTRY?
U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
yes

13. SOCIAL SECURITY NO.
Unknown

14A. FATHER'S NAME

Deceased

14B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

15A. MOTHER'S MAIDEN NAME

Lorraine Boon

15B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

16. INFORMANT'S SIGNATURE

On Record, U.S. Military Academy, West Point, N.Y.

17. DATE OF DEATH

(MONTH) (DAY) (YEAR)
December 30 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme (with partial decapitation and multiple fractures of thorax)
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
15 miles north of Roosevelt, Ariz.

21C. (CITY OR TOWN) (COUNTY) (STATE)
Roosevelt Gila Arizona

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY
December 30, 1951 3:40 PM

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?
Aircraft accident

22. I HEREBY CERTIFY THAT I HAVE VIEWED THE DECEASED viewed at 10:30 A.M. Jan. 2, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON never 19 3:40PM AND THAT DEATH OCCURRED AT 3:40PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)
LEWIS B. CLAYPOOK, 1st Lt, USAF (MC)

23B. ADDRESS
USAF Hospital
Williams AF Base, Chandler, Ariz.

23C. DATE SIGNED
3 Jan 52

24A. BURIAL CREMATION REMOVAL

24B. DATE
1-6-52

24C. NAME OF CEMETERY OR CREMATORY
Golden Gate National Cem.

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
San Bruno, California

25A. DATE REC'D BY LOCAL REG.
JAN 11 1952

25B. REGISTRAR'S SIGNATURE
Nelson D. Brayton

26. FUNERAL DIRECTOR'S SIGNATURE
M.L. Gibbons Mortuary

ADDRESS
Mesa, Ariz.
CERT. NO.
275R

27. EMBALMER'S SIGNATURE
Raymond E. Clark

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OF DEATH
IND 10
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