ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4635

CERTIFICATE OF DEATH

BIRTH NO. 1717

REGISTRAR'S NO. 1821

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 32yrs IN ARIZONA: 32yrs
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1110 E. Pierce

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Kenneth B. (MIDDLE) E. C. (LAST) Nash
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
7. DATE OF BIRTH MONTH: Oct DAY: 8 YEAR: 1900
8. AGE (IN YEARS LAST BIRTHDAY): 51 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Repair & service man
9B. KIND OF BUSINESS OR INDUSTRY: Refrigeration
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wisconsin
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: unk.
14A. FATHER'S NAME: Jay Nash
14B. BIRTHPLACE (STATE OR COUNTRY): unk.
15A. MOTHER'S MAIDEN NAME: Isla Boone
15B. BIRTHPLACE (STATE OR COUNTRY): unk.
16. INFORMANT'S SIGNATURE: Mrs. Genevieve O'Day, Phoenix, Ariz. ADDRESS
17. DATE OF DEATH (MONTH): August (DAY): 17 (YEAR): 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4343
+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) PULMONARY HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS

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.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM AUG 19 50 TO AUG 17 19 52 ALIVE ON AUG 17 19 52 AND THAT DEATH OCCURRED AT 11:15A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Louis Katz (DEGREE OR TITLE) M.D.
23B. ADDRESS: 802 E. Indian School, Phoenix
23C. DATE SIGNED: 8-18-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Aug 21, 1952
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: 8/21/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: John T. Young CERT. NO. 300

FORM VS 2 REV. 4-15-52