

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH A. COUNTY <u>Gila</u></p>		<p>2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u></p>		<p>REGISTRAR'S NO. (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.)</p>	
<p>B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL TOWN OR CITY) <u>San Carlos</u></p>		<p>C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>1</u> <u>year</u> <u>13</u> <u>days</u></p>		<p>C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL TOWN OR CITY) <u>San Carlos</u></p>	
<p>D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OF INSTITUTION) <u>San Carlos Indian Hospital</u></p>		<p>D. STREET ADDRESS <u>San Carlos Indian Reservation</u></p>		<p>(IF RURAL, GIVE LOCATION)</p>	
<p>3. NAME OF A. (FIRST) <u>Mr. Herbert</u> B. (MIDDLE) <u>Nash</u> C. (LAST) <u>Nash</u></p>		<p>4. SEX <u>male</u></p>		<p>5. COLOR OR RACE <u>Indian</u></p>	
<p>6. MARRIED NEVER <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p>		<p>7. DATE OF BIRTH <u>Dec 25 1911</u></p>		<p>8. AGE <u>40</u> <u>10</u> <u>13</u> <u>days</u></p>	
<p>9B. KIND OF BUSINESS OR INDUSTRY <u>cattleman</u></p>		<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>San Carlos, Ariz. U.S. A.</u></p>		<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>cattleman</u></p>	
<p>14A. FATHER'S NAME <u>Wood Nash</u></p>		<p>14B. BIRTHPLACE (COUNTRY) <u>New Mexico</u></p>		<p>15. MOTHER'S MAIDEN NAME <u>Bertha Vasle</u></p>	
<p>16. INFORMANT'S SIGNATURE <u>Miss Ocie A Nash San Carlos, Ariz.</u></p>		<p>17. DATE OF DEATH <u>November 8, 1952 at 1:40 p.m.</u></p>		<p>(MONTH) (DAY) (YEAR)</p>	
<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). <u>Explosion</u> <u>Hyperensive cardiovascular embolism</u> <u>Diabetes mellitus</u></p>		<p>19. MAJOR FINDINGS OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>	
<p>19A. DATE OF OPERATION <u>9</u></p>		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>(COUNTY) (CITY OR TOWN) (STATE)</p>	
<p>21A. ACCIDENT SUICIDE HOMICIDE</p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p>		<p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>	
<p>21D. TIME (MONTH) (DAY) (YEAR) <u>11-8 1952</u></p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11-8 1952</u> TO <u>11-8 1952</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>11-8 1952</u> AND THAT DEATH OCCURRED AT <u>1:40</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>		<p>23A. SIGNATURE (DEGREE OR TITLE) <u>Robert C. Clark M.D.</u></p>		<p>23C. DATE SIGNED <u>11-14-52</u></p>	
<p>24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL</p>		<p>24B. DATE <u>Nov. 13, 1952</u></p>		<p>24C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u></p>	
<p>25A. DATE REC'D BY LOCAL REG.</p>		<p>25B. REGISTRAR'S SIGNATURE <u>James Rudace</u></p>		<p>25C. ADDRESS <u>Globe, Arizona</u></p>	
<p>25D. REGISTRAR'S SIGNATURE <u>James Rudace</u></p>		<p>25E. REGISTRAR'S SIGNATURE <u>James Rudace</u></p>		<p>25F. REGISTRAR'S SIGNATURE <u>James Rudace</u></p>	

CE OF DEATH
AND
RESIDENCE

DECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

10-10-52
Nov. 14, 1952