

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH AND RESIDENCE 1201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 9 MO. IN ARIZONA 14 YRS.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa		
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila Co. General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1601 W. Lynwood St.		
IDENTIFICATION 176 7 155	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Alma B. (MIDDLE) B. C. (LAST) Nolstad			4. SEX F	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Mr. C. J. Nolstad		7. DATE OF BIRTH MONTH Dec. DAY 14 YEAR 1878	8. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOUR _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) House wife
	9B. KIND OF BUSINESS OR INDUSTRY At home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisc.	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 Evan M. Toft		14B. BIRTHPLACE (STATE OR COUNTRY) Wisc.	15A. MOTHER'S MAIDEN NAME Unk.		15B. BIRTHPLACE (STATE OR COUNTRY) Unk.	
CAUSE OF DEATH (EM 18)	16. INFORMANT'S SIGNATURE Mr. C. J. Nolstad, (husb)		ADDRESS Same		17. DATE OF DEATH (MONTH) (DAY) (YEAR) JANUARY 23 1955		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). HEART FAILURE ‡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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Uremia DUE TO (B) CHRONIC NEPHRITIS DUE TO (C) CHRONIC CONGESTIVE HEART FAILURE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 1 week	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MAY 54 , 19 54 TO JAN 23 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON JAN 23 , 19 55 , AND THAT DEATH OCCURRED AT 7:25 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE (NAME OR TITLE) William E. Bishop MD		22B. ADDRESS Box 150 Globe Ariz		22C. DATE SIGNED 1/23/55		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
CORONER'S IDENTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Jan. 23, 1955	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Maricopa, Arizona	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1-23-55		26B. REGISTRAR'S SIGNATURE Irue Haualee		27A. FUNERAL DIRECTOR'S SIGNATURE C. Lee Moore		
	26C. REGISTRAR'S SIGNATURE		27B. ADDRESS X. L. MOORE & SONS PHOENIX, ARIZONA		27C. ADDRESS		