

CERTIFICATE OF DEATH

REGISTRAR'S NO. 452

04 OF DEATH AND 19 RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 42 yrs IN ARIZONA 42 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila		
	C. CITY OR TOWN Globe		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe <input checked="" 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) Globe General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 840 Highland drive		

CEDENT PERSONAL DATA 175	3. NAME OF DECEASED (TYPE OR PRINT) Bailey, Rebecca - Nail			4. SEX fe	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed	
	6B. NAME OF SPOUSE Andrew C. Nail, dec.		7. DATE OF BIRTH MONTH DAY YEAR Aug 19 1881	8. AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER 1 YEAR MONTHS DAYS 2 8	IF UNDER 24 HRS. HOURS MIN. ** **	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife
	9B. KIND OF BUSINESS OR INDUSTRY housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Millsap, Texas	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. unknown		
14A. FATHER'S NAME Ditto Nuttall		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois	15A. MOTHER'S MAIDEN NAME Belle Brashear	15B. BIRTHPLACE (STATE OR COUNTRY) Illinois			

153X OF DEATH EM 18)	16. INFORMANT'S SIGNATURE (daughter) Barbara Burke Globe Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 27, 1956 at 11:54 p.m.		
-------------------------------	---	--	--	--	--	--

CAUSE OF DEATH EM 18)	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.		MEDICAL CERTIFICATION (A) <u>Uremia -</u> DUE TO (B) <u>Carcinoma of the Colon to Metastasis -</u> DUE TO (C) <u>Hypertensive Cardio-Vascular Disease -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>3 years</u> <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	PLACE DISEASE CONTRACTED:					

OPERATIONS, TUPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------	------------------------	----------------------------------	---

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 7, 1956, TO Oct 27, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Oct 27, 1956, AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <u>J. J. Quinn MD</u>	22B. ADDRESS <u>Kearney Ave</u>	22C. DATE SIGNED <u>10/29/56</u>
---	------------------------------------	-------------------------------------

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?

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
--------------------------	--------------	------------------

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Oct 30, 1956	25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery K.P. Sect	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.
---	---------------------------	--	--

26A. DATE REC. BY LOCAL REG. 10-29-56	26B. REGISTRAR'S SIGNATURE <u>Gene James Washburn</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Washburn</u>	27B. ADDRESS Globe, Arizona.
--	--	---	---------------------------------