

CERTIFICATE OF DEATH

REGISTRAR'S NO. 519

BIRTH NO. ✓

1 OF DEATH  
PAND 74  
L RESIDENCE  
0201

PRECEDENT 2  
PERSONAL DATA 412

7544  
CAUSE OF DEATH  
ITEM 18) 0

OPERATIONS, AUTOPSY 2

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR 17 2

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>Life</b> IN ARIZONA <b>Life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>				
C. CITY OR TOWN <b>Globe</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>5215 N. 29th. Ave.</b>				
3. NAME OF DECEASED (TYPE OR PRINT) <b>Linda Karen Nash</b>			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never married</b>
6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH <b>4</b> DAY <b>30</b> YEAR <b>1957</b>	8. AGE (IN YEARS LAST BIRTHDAY)	9. IF UNDER 1 YEAR MONTHS	10. IF UNDER 24 HRS. HOURS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE; EYE IF RETIRED) <b>Infant</b>		
8B. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>None</b>			
14A. FATHER'S NAME <b>James W. Nash</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>Betty McMillan</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>		
16. INFORMANT'S SIGNATURE <i>James W. Nash</i>				ADDRESS <b>Phoenix, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 30, 1957</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>(A) Congenital Heart Disease</b> <b>(B) Myocardial Infarction</b> <b>(C) Pulmonary Thrombosis</b> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Incubated ty.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
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 <b>4/30, 1957</b> , TO <b>4/30, 1957</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>4/30, 1957</b> , AND THAT DEATH OCCURRED AT <b>9:35 P.M.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
22A. SIGNATURE <i>James W. Nash</i>				22B. ADDRESS <b>Box 1208, Brown, Ariz</b>		22C. DATE SIGNED <b>5/1/57</b>		
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 <b>May 1, 1957</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona</b>		
26A. DATE REC. BY LOCAL REG. <b>5-1-57</b>		26B. REGISTRAR'S SIGNATURE <i>Gene Wauson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Ray Miller</i>		27B. ADDRESS <i>1615 S. ...</i>		