

CERTIFICATE OF DEATH

REGISTRAR'S NO. 162

BIRTH NO.

4 05
E OF DEATH
AND 97
RESIDENCE
MAY

PRECEDENT
PERSONAL
DATA 155
3
358

4300
CAUSE
OF
DEATH
TEM 18)

OPERATIONS
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> IN ARIZONA <input checked="" type="checkbox"/> life <input checked="" type="checkbox"/> life <input type="checkbox"/>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Granah	
C. CITY OR TOWN San Carlos		D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Ind. Hospital		C. CITY OR TOWN Bylas los D. STREET ADDRESS San Carlos Ind. Besevation	
E. IN RESIDENCE ON A FARM? <input type="checkbox"/>		F. IN RESIDENCE ON A FARM? <input type="checkbox"/>		G. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
3. NAME OF DECEASED (TYPE OR PRINT) Agatha Nelson		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX fe 5. COLOR OR RACE Indian	
6. NAME OF SPOUSE Frank Nelson		7. DATE OF BIRTH Approx. 1902		8. AGE (IN YEARS) 55 Approx. no	
9. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Bylas, Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no		13. SOCIAL SECURITY NO. unknown		14. FATHER'S NAME Dustin Arizona	
15. MOTHER'S MAIDEN NAME		16. INFORMANT'S SIGNATURE (husband) Frank Nelson		17. DATE OF DEATH March 8 1958 1:00 p.m.	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). IF THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 4, 1958 TO March 8, 1958 , THAT I LAST SAW THE DECEASED ALIVE ON March 8, 1958 , AND THAT DEATH OCCURRED AT 12:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22. SIGNATURE (DEGREE OR TITLE) Elwin Walker MD MOC		23. ADDRESS San Carlos, Arizona	
24. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		25. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		26. (CITY OR TOWN) (COUNTY) (STATE)	
27. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. CORONER'S SIGNATURE		31. ADDRESS		32. DATE SIGNED	
33. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		34. DATE March 11, 1958		35. NAME OF CEMETERY OR CREMATORY Bylas Cemetery	
36. DATE REC'D BY LOCAL REG. 3-5-58		37. REGISTRAR'S SIGNATURE Clara Russell		38. FUNERAL DIRECTOR'S SIGNATURE James Walker	
39. EMBALMER'S SIGNATURE James Walker		40. ADDRESS Gila, Arizona		41. EMBALMER'S SIGNATURE James Walker	