

4891

Dr. Harper

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 087
REGISTERED NO. 22

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA

TOWNSHIP _____ OR VILLAGE _____

CITY Globe No. Gila General Hospital ST. _____ WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 31 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Fred Wm. Nymeyer HOW LONG IN STATE DEATH OCCURRED 31 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Broad Street ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ellen E. Nymeyer WIFE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1863

7. AGE YEARS 71 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Salesman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Retired 1929

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Elkhart (STATE OR COUNTY) Ind.

13. NAME Aaron Nymeyer

14. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTY) _____

17. INFORMANT Ellen E. Nymeyer (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Globe Cemetary DATE 3/10/35 19 _____

19. EMBALMER (LICENSE NO. 181-A) SIGNATURE [Signature] FUNERAL DIRECTOR (LICENSE NO. #10-A) SIGNATURE [Signature] ADDRESS Globe Arizona

20. FILE March 20, 1935 REGISTRAR [Signature]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 1, 1935 TO March 8, 1935

I LAST SAW HIM ALIVE ON March 8, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:25 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Arterio Sclerosis with terminal cerebral hemorrhage DATE OF ONSET about 1925

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Diabetes Mellitus about 1930

NAME OF OPERATION none DATE OF _____

WHAT TEST Examination WAS THERE AN AUTOPSY? no CONFIRMED DIAGNOSIS _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19 _____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY _____ M. D. (SIGNED) T. C. Harper (ADDRESS) Globe, Arizona