

1277

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **284**
Registrar's No. **54**

1. Place of Death: (a) County **Mohave** (b) City or Town **Kingman** (c) Location **Mohave General**
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution **10 Days**; In Community **23 yrs**; In Arizona **23 Yrs**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Ariz**; (b) County **Mohave**; (c) City or Town **Kingman**
(If outside city limits write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME **Juanita Nipple** (b) If veteran name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex **Female** 5. Color or Race **White** 6. (a) Single, married, widowed or divorced **Married**
6. (b) Name of husband **Harry Nipple** 6. (c) Age of husband or wife, if alive **63 yrs.**
7. Birthdate of deceased **Oct 1884**
(Month) (Day) (Year)
8. AGE: Years **56** Months **10** Days _____ If less than one day hrs. _____ min. _____
9. Birthplace **Muscatine IOWA**
(City, town or county) (State or Country)
10. Usual Occupation **House wife**
11. Industry or Business _____
Father { 12. Name **Frank Washburne**
13. Birthplace **Muscatine Iowa**
(City, town or county) (State or Country)
Mother { 14. Maiden Name **Unknown**
15. Birthplace **Muscatine Iowa**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Henry E Nipple**
(b) Address **Kingman, Ariz.**
17. (a) Burial, Cremation or Removal **burial**
(b) Place **Kingman, Ariz** (c) Date **Aug. 26 1940**
18. (a) Embalmer's Signature **Ray Van Marter**
(b) Funeral Director **Van Marter Mortuary**
(c) Address **Kingman, Ariz.**
19. (a) **8-19-40**
(Date received local Registrar)
(b) **Gillian M. Pattillo**
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **8-18**, 19**40**.
TIME (Hour and minute) **2:20 P. M.**
21. I hereby certify that I attended the deceased from **8-11-40**, 19**40** to **8-18**, 19**40**.
that I last saw her alive on **8-18**, 19**40**.
and that death occurred on the date and hour stated above.
Immediate cause of death **acute nephritis**
Other conditions **was operated 8/15 for for multiple fibroids of the uterus**
Major findings: _____
Of operations: _____
Physician _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **T. White** M.D.
Address **Kingman, Ariz**
8-19-40