

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 63
Registrar's No. 107

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location South of Globe
(If outside city limits, write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution days; In Community 15 years
(Specify whether years, months or days) ; In Arizona
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits write RURAL)
(d) Street No. #1537 W. Filmore St
3. (a) FULL NAME Andrew Jackson Nelson (b) Is veteran name was (c) If foreign born, in U. S. A. yrs. (c) Social Security No. 526-01-7337
(If NONE write the word)

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Lora Nelson 6. (c) Age of husband or wife, if alive. yrs.

7. Birthdate of deceased Nov. 2, 1902
(Month) (Day) (Year)
8. AGE: Years 38 Months 6 Days 9 If less than one day hrs. min.

9. Birthplace Tennessee
(City, town or county) (State or Country)

10. Usual Occupation Linoleum Layer

11. Industry or Business Dorothy's Furniture

12. Name J. Nelson

13. Birthplace (City, town or county) (State or Country)

14. Maiden Name Rebecca Anderson

15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Frank Nelson

(b) Address Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Removal

(b) Place Phoenix, Ariz. (c) Date 11/12/40

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director Wiles Mortuary

(c) Address Globe - Ariz.

19. (a) November 14, 1940
(Date received local Registrar)

(b) Doree Wavelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 11 1940
TIME (Hour and minute) 6 P.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h..... alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound, self inflicted, or in other words, suicide. (Verdict of Coroners Jury)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Suicide
(b) Date of occurrence Nov. 11, 1940
(c) Where did injury occur? Globe Gila Co. Ariz.
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his truck - south of globe
(Specify type of place) no
While at work? no (e) Means of injury gunshot wound

23. Signature [Signature] Coroner
Address Phoenix Date signed 11/12/40 M.D.

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.