ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 500

Registrar's No. 20 8

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Woods Sanitarium

(d) Length of Stay: In Hospital or Institution 3 weeks (Specify whether years, months or days); In Community 34 years; In Arizona 34 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)

(d) Street No. 620 Copper Basin Road. (e) If foreign born, in U. S. A. 51 years yrs.

3. (a) FULL NAME Mrs. Mary Ellen Nash (b) If veteran name was 0 (c) Social Security No. 0 (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Married

6. (b) Name of husband or wife: Patrick J. Nash

6. (c) Age of husband or wife, if alive 72 yrs.

7. Birthdate of deceased Feb. 10, 1868. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	12	hrs. ____ min. ____

9. Birthplace Limerick County, Ireland. (City, town or county) (State or Country)

10. Usual Occupation Housewife.

11. Industry or Business

Father: 12. Name Thomas Ryan; 13. Birthplace Ireland (City, town or county) (State or Country)

Mother: 14. Maiden Name Ellen Donoghue; 15. Birthplace Ireland (City, town or county) (State or Country)

16. (a) Informant's own signature Pat. J. Nash (b) Address Prescott, Arizona.

17. (a) Burial, Cremation or Removal Burial (b) Place Prescott, Ariz. (c) Date Jan. 24, 1941

18. (a) Embalmer's Signature Lester Ruffner (b) Funeral Director Lester Ruffner (c) Address Prescott, Arizona.

19. (a) Jan 25 1941 (Date received local Registrar) (b) George C. Barrett (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 22, 1941; TIME (Hour and minute) 9 05 a.m.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Jan 22, 1941; that I last saw her alive on Jan 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial Insufficiency — DURATION 1 day

Due to acute fibrillation about 1 month

Due to Chronic myocarditis — unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 N. J. Courtwright M. D. Date signed Jan. 23, 1941

Address Prescott, Ariz.