9650

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 414
Registrar's No. 63

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

(d) Length of Stay: In Hospital or Institution ; In Community 21 Yrs. (Specify whether years, months or days) ; In Arizona 21 Yrs.

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

(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Mrs. Nannie Collins Smith (b) If veteran name war none (c) Social Security No. none (If NONE write the word)

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

6. (b) Name of husband or wife ----- | 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Oct. 25, 1864 (Month) (Day) (Year)

8. AGE: Years 77 | Months | Days 1 | If less than one day hrs. min.

9. Birthplace Near Saybrook, Ill. (City, town or county) (State or Country)

10. Usual Occupation Retired Housewife

11. Industry or Business

Father
12. Name Samuel Newton Bishop
13. Birthplace Virginia. ~~Rhode Island~~ (City, town or county) (State or Country)

Mother
14. Maiden Name Elsie Ann Bradford
15. Birthplace Rhode Island (City, town or county) (State or Country)

16. (a) Informant's own signature Lowell Collins
(b) Address Gilbert, Ariz.

17. (a) Burial, ~~Cremation or Removal~~ Burial
(b) Place Florence Cemetery (c) Date Oct. 28, 1941

18. (a) Embalmer's Signature Allen H. Cole
(b) Funeral Director Martin Mortuary
(c) Address Florence, Arizona.

19. (a) Nov 6 1941 (Date received local Registrar)
(b) D C Martin (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 26, 1941 ;
TIME (Hour and minute) 5:30 A.M.

21. I hereby certify that I attended the deceased from Sept 15 1941, 19 to Oct 26, 19 41; that I last saw h alive on Oct 25, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Paralysis

Due to Impaired heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Negative

Of autopsy

DURATION

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 Guy F. Hoffman M. D.
Address Florence Ariz. Date signed Nov 2, 1941