

2391

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 23

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Resd. S. of Globe
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 45 years; In Arizona 45 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. Resd. South of Town; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Ben Nail (b) If veteran name war _____ (c) Social Security No. 700-12-3157
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widower
6. (b) Name of husband Deceased Elizabeth Hancock Nail 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased March 8 1875
(Month) (Day) (Year)
8. AGE: Years 67 Months 0 Days 0 If less than one day hrs. _____ min. _____
9. Birthplace Missouri
(City, town or county) (State or Country)

10. Usual Occupation R. R. Brakeman, Retired
11. Industry or Business _____
12. Name Wm. Lawson Nail
13. Birthplace Arkansas
(City, town or county) (State or Country)
14. Maiden Name Elizabeth Caroline Ferrel
15. Birthplace Miss.
(City, town or county) (State or Country)

16. (a) Informant's own signature W. L. Nail
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date 3/11/42
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) March 14-42
(Date received local Registrar)
(b) Jane Wansell
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 8 1942 19____; TIME (Hour and minute) about 9 PM M.

21. I hereby certify that I attended the deceased from _____, 1942 to March 8, 1942 that I last saw her alive on March 7, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - chronic Endocarditis & Myocarditis

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) _____

(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? _____ (Specify type of injury)

23. Signature C. J. [unclear] M. D. Address Globe Date signed 3/9/42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.