2532

226

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 1149

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

(d) Length of Stay: In Hospital or Institution 3 Weeks (Specify whether years, months or days); In Community 3 Weeks; in Arizona 1 Mo.

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

(d) Street No. Buckeye, Ariz.; (e) Citizen of foreign country (yes or No); If Yes, which country

3. (a) FULL NAME Bertha May Nash (b) If Veteran name war. No Social Security No. None (If NONE write the word)

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased July (Month) 8 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 7 | If less than one day hrs. ... min. ...

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

10. Usual Occupation

11. Industry or Business

Father: 12. Name Emery Nash
13. Birthplace Creek Co. (City, town or county) Okla. (State or Country)

Mother: 14. Maiden Name Retha May Leatherberry
15. Birthplace Linsey (City, town or county) Okla. (State or Country)

16. (a) Informant's own signature Retha Mae Nash
(b) Address Buckeye Ariz RI

17. (a) Burial, Cremation or Removal Removal
(b) Place Palo Verde, Ariz (c) Date 8-15 1942

18. (a) Embalmer's Signature W. H. McLellan
(b) Funeral Director W. H. McLellan
(c) Address Maus-McLellan Funeral Home

19. (a) AUG 13 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 15, 1942; TIME (Hour and minute) 8:00 A.M.

21. I hereby certify that I attended the deceased from July 28, 1942 to August 15, 1942; that I last saw h. alive on August 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis — DURATION Brief.
Malnutrition — Since
Due to Acute Enteroenteritis — Years
Due to Since Birth

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Abdomen full of blood and [illegible] [illegible] viscera not yet studied microscopically

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 M. F. Schoffman M. D.
Address 926 E. McDowell Phoenix, Arizona Date signed 8/15/42