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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. 43

1. Place of Death: (a) County Graham (b) City or Town Safford (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 1 yr. (Specify whether years, months or days); In Arizona 50 yrs.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford, (If outside city limits also write RURAL)

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

3. (a) FULL NAME Nancy Bryce (b) If veteran name war _____ (c) Social Security No. _____ (If NONE write the word)

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

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

7. Birthdate of deceased Oct (Month) 10 (Day) 1878 (Year)

8. AGE: Years 64 | Months 7 | Days 14 | If less than one day hrs. _____ min. _____

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

10. Usual Occupation Housewife

11. Industry or Business _____

Father
12. Name Thomas B. Nelson
13. Birthplace _____ (City, town or county) Unknown (State or Country)

Mother
14. Maiden Name Christine Jensen
15. Birthplace _____ (City, town or county) Denmark (State or Country)

16. (a) Informant's own signature [illegible] F. Nuttall
(b) Address Safford Ariz.

17. (a) Burial, Cremation or Removal Burial.
(b) Place Bryce Ariz. (c) Date May 18 1943

18. (a) Embalmer's Signature _____
(b) Funeral Director N. C. Rawson
(c) Address Safford Ariz.

19. (a) June 9, 1943. (Date received local Registrar)
(b) J. W. Stratton M.D. (Registrar's Signature) By O. H. Lopez

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 14, 1943;
TIME (Hour and minute) 11-55 P.M.

21. I hereby certify that I attended the deceased from April 30th ~~May 14~~, 1943 to May 14, 1943; that I last saw her alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Decompensation
Acute Tonsillitis
Due to Arteriosclerosis
Hypertension
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION
60 days
10 years
5 years

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 [illegible] Ellsworth M.D.
Address Safford Ariz. Date signed 5-18-43