836

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 98
Registrar's No. 51.

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

(d) Length of Stay: In Hospital or Institution ; In Community ; In Arizona 58 years (Specify whether years, months or days)

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

(d) Street No. 1128 4th Ave. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME William Louis Nelson (b) If veteran name war no (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
male	white	married

6. (b) Name of husband or wife: Annie Nelson
6. (c) Age of husband or wife, if alive 73 yrs.

7. Birthdate of deceased February 10, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	6	9	hrs. min.

9. Birthplace Ogden Utah (City, town or county) (State or Country)

10. Usual Occupation Farming

11. Industry or Business For self

Father
12. Name David Nelson
13. Birthplace Schoosberry Mass (City, town or county) (State or Country)

Mother
14. Maiden Name Sarah Brown
15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature Annie Nelson
(b) Address Safford, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Safford Ariz (c) Date Aug 22 1943

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

19. (a) 8-20-43. (Date received local Registrar)
(b) Sid E. Dewenham (Registrar's Signature)

20M 100% Rag 9/23/40
Dewenham Deputy.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 19, 1943;
TIME (Hour and minute) 6 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 5, 1943 to Aug. 19, 1943, that I last saw him alive on Aug 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Hypertrophic myocarditis
Due to: Senility
Due to:
Other conditions: Prostatectomy Aug. 18, 1943 (Include pregnancy within 3 months of death)
Major findings: Of operations: Hypertrophic Prostate gland
Of autopsy:

DURATION: Several 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 Robt. R. Shelton M. D.
Address Morenci, Ariz Date signed 8-19-43