

2350

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

E. on R.

State File No. 111

Registrar's No.

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

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

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

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

3. (a) FULL NAME Percy Nash (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Nancy Nash 6. (c) Age of husband or wife, if alive 37 yrs.

7. Birthdate of deceased _____ 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months _____ Days _____ If less than one day hrs. _____ min. _____

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

10. Usual Occupation Clerk Store

11. Industry or Business Business, Osbornes Store

12. Name Wood Nash
13. Birthplace Thosseau New Mexico
(City, town or county) (State or Country)

14. Maiden Name Bertha Baslee
15. Birthplace Camp Verde Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Sally Fraijo
(b) Address San Carlos, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place San Carlos (c) Date 3-26-1944

18. (a) Embalmer's Signature Fred Jones
(b) Funeral Director Fred Jones
(c) Address Clobe, Arizona

19. (a) 4-20-44
(Date received Local Registrar)
(b) F. J. ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-22-44, 19____
TIME (Hour and minute) 3:00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Diabetic Mellitus

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

DURATION
5 YRS.

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 F. J. ... M. D.
Address San Carlos, Arizona Date signed 4-20-44

San Carlos Reservation, San Carlos Agency, San Carlos, Arizona