

1354

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 86

1. Place of Death: (a) County Gila (b) City or Town Tonto Basin (c) Location Tonto Basin Store
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Globe 40 years; In Arizona 62 yrs.
(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. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME James Edward Nash (b) If Veteran name war No (c) Social Security No. 526-16-8137

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

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

7. Birthdate of deceased Nov. 19th 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 16 If less than one day hrs. _____ min. _____

9. Birthplace Marysville, California
(City, town or county) (State or Country)

10. Usual Occupation Fireman & Police Officer

11. Industry or Business _____

12. Name Robert Nash
13. Birthplace Indiana
(City, town or county) (State or Country)

14. Maiden Name Mary Ann Ory
15. Birthplace New York
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Pearl Russell
(b) Address Tonto Basin, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 6/8/44 1944

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

19. (a) July 5 1944
(Date received Local Registrar)
(b) June 19 1944
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 5th 1944 1944
TIME (Hour and minute) 2:45 PM M.

21. I hereby certify that I attended the deceased from May 1 1944 to June 5 1944
that I last saw him alive on July 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio sclerosis + Valvular disease

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

Of autopsy _____

DURATION _____
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? _____ (Specify type of place)

23. Signature [Signature] M. D.
Address Globe, Ariz. Date signed 6/12/44