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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 82
Registrar's No. 26
Monroe St.
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Monroe St.
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 30 years; In Arizona Same
(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. Monroe St.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Martha Elizabeth Nugent (b) If Veteran name war No (c) Social Security No. No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Widow
 White Indian Negro Oriental White
6. (b) Name of husband Joseph Nugent 6. (c) Age of husband 77
or wife, if alive, yrs.
7. Birthdate of deceased July 31st 1867
(Month) (Day) (Year)
8. AGE: Years 77 Months 7 Days 16 If less than one day
hrs. min.

9. Birthplace Lowden Tenn.
(City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business _____

12. Name Kittrell Granville
13. Birthplace Tenn.
(City, town or county) (State or Country)
14. Maiden Name Ellen Blankenship
15. Birthplace Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Floyd R. Nugent
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 3/20/45
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) March 22-45
(Date received Local Registrar)
(b) Dorena Wausler
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 17th 1945
TIME (Hour and minute) 8:00 AM M.

21. I hereby certify that I attended the deceased from March 17, 1945 to March 17, 1945
that I last saw him after death - March 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 20 minutes
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 T.S. Harper M. D.
Address Globe, Ariz. Date signed 3-22-45