2065

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 421
Registrar's No. 1046

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

(d) Length of Stay: In Hospital or Institution --; In Community 50 yrs (Specify whether years, months or days); In Arizona 50 yrs

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

(d) Street No. none; (e) Citizen of foreign country (Yes or No)..... If Yes, which country.....

3. (a) FULL NAME Jesse J. Nail (b) If Veteran name war Civil (c) Social Security No.

4. Sex: male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ white

6. (a) Single, married, widowed or divorced: single

6. (b) Name of husband or wife

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

7. Birthdate of deceased March 18, 1895 (Month) (Day) (Year)

8. AGE: Years 50 | Months 8 | Days 1 | If less than one day hrs.....min.....

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

10. Usual Occupation Miner

11. Industry or Business

Father
12. Name William Nail
13. Birthplace Mississippi (City, town or county) (State or Country)

Mother
14. Maiden Name Carolyn Ferrell
15. Birthplace Tenn. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Carrie Rogers
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date 11-23-45, 19

18. (a) Embalmer's Signature George H. Dyer
(b) Funeral Director Verna E. Yocum
(c) Address Arizona Mortuary, Tucson

19. (a) 11-23-45 (Date Received by Local Registrar)
(b) L. T. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-19-45, 19.....;
TIME (Hour and minute) about 12 p M.

21. I hereby certify that I attended the deceased from Not seen before death, 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
Natural causes.

Due to

Due to

Other conditions (include pregnancy within three 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? (e) Means of injury

23. Signature [illegible] M. D.
Address Health Officer Date signed 11/20/45

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