2304

217

State File No. 525

Registrar's No.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix, rural (If outside city limits also write RURAL) (c) Location Rt 8 Box 30 (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none (Specify whether years, months or days); In Community 19 years; In Arizona 19 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix, rural (If outside city limits also write RURAL)
(d) Street No. Rt 8 Box 30; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If Veteran name war no (c) Social Security No. none

3. (a) FULL NAME Nathaniel B. Read

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Jennie C. Read
6. (c) Age of husband or wife, if alive 73 yrs.
7. Birthdate of deceased January 10, 1865 (Month) (Day) (Year)
8. AGE: Years 79 Months 2 Days 0 If less than one day hrs. min.
9. Birthplace Smyrna, Tennessee (City, town or county) (State or Country)
10. Usual Occupation Methodist Minister, Retired
11. Industry or Business
Father 12. Name Edmond R. Read
13. Birthplace Tennessee (City, town or county) (State or Country)
Mother 14. Maiden Name Mary Carney
15. Birthplace Kentucky (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Jennie C. Read
(b) Address Rt 8 Box 30, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date March 13 1946
18. (a) Embalmer's Signature Tyler Hays
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) MAR 15 1946 (Date received Local Registrar)
(b) Lloyd J Hughes M.D. (Registrar's Signature)
M. R.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 10, 1946;
TIME (Hour and minute) 9:15 A.M.
21. I hereby certify that I attended the deceased from Dec, 1944 to March, 1946;
that I last saw him alive on 3-10, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death
uremia
carcinomatosis
Due to prostatic Hypertrophy
melanocarcinoma
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy not done

DURATION
Sev wks
Sev mos.
Sev yr
6 mos.

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 Bert Lissee M. D.
Address 1022 Prof Bldg Date signed 3/11/46

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