

660

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 90
Registrar's No. 106
640 North Broad Street
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 40
(If outside city limits also write RURAL) (Specify whether years, months or days) in Arizona 40
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. 640 North Broad Street (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Ellen E. Nymer (b) If Veteran name war No Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife, if alive deceased yrs.
7. Birthdate of deceased July 23 1861
(Month) (Day) (Year)
8. AGE: Years 85 Months 2 Days 27 If less than one day hrs. min.
9. Birthplace Jeffersonville Indiana
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father { 12. Name William Beaman
13. Birthplace St. John Nevada
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elizabeth Scott
15. Birthplace Jeffersonville Indiana
(City, town or county) (State or Country)
16. (a) Informant's own signature D. J. Hopkins
(b) Address 61 Old S Broadway Los Angeles

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Oct. 20, 1946;
TIME (Hour and minute) 11 P.M.
21. I hereby certify that I attended the deceased from Oct. 20, 1946 to Oct. 20, 1946;
that I last saw her alive on Oct. 20, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho pneumonia
Due to Senility & Cardiac failure
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 40 days
PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date Oct. 23 1946
18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director J. Ray Miles Jr.
(c) Address 37 S. 1st St. Globe, Arizona
19. (a) Oct. 28 - 46
(Date received local Registrar)
(b) Dave Wanzel
(Registrar's Signature)

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? (c) Means of injury
23. Signature Walter M. Bui M. D.
Address Globe Ariz Date signed Oct. 22. 46