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Dr. Allen

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 228
Registrar's No. 114

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Southside Clinic
(d) Length of Stay: In Hospital or Institution 2 days (Specify whether years, months or days); In Community 2 days; In Arizona 66 yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County ???; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. 110 So. Mt. Vernon St.; (e) Citizen of foreign country (Yes or No) NO If Yes, which country
(b) If Veteran name war NO (f) Social Security No. None

3. (a) FULL NAME Alfred Martin Nelson

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Elizabeth E. Nelson
6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased May 31, 1881 (Month) (Day) (Year)

8. AGE: Years 66 | Months 0 | Days 15 | If less than one day hrs. ....min.

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

10. Usual Occupation Rancher

11. Industry or Business

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

Mother
14. Maiden Name Deborah Biggs
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Elizabeth E. Nelson
(b) Address Prescott, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Arizona (c) Date 6-17-47, 19

18. (a) Embalmer's Signature R. M. Campbell 228
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) June 21 1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15, 19 47;
TIME (Hour and minute) 1:50 A. M.

21. I hereby certify that I attended the deceased from June 13, 1947 to June 15, 1947; that I last saw him alive on June 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac infaction

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 [signature] M. D.
Address [illegible] Date signed 6-21-47

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