

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 834
Registrar's No. 181

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 569 East Ash St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 47 yrs; In Arizona 47 yrs
(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. 569 East Ash St.

3. (a) FULL NAME Nathaniel Gaines Nelms (b) If Veteran None (c) Citizen of foreign country (Yes or No) NO
If Yes, which country ** (c) Social Security No. none

4. Sex male 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Estella M. Nelms (c) Age of husband or wife, if alive 72 yrs.

7. Birthdate of deceased May 20, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 24 If less than one day
hrs. ** min. **

9. Birthplace Gadsden, Alabama
(City, town or county) (State or Country)

10. Usual Occupation carpenter - railroader

11. Industry or Business rail-roading carpenter

12. Name Wiley Mitchel Nelms
Father (City, town or county) (State or Country)

13. Birthplace Gadsden, Alabama
(City, town or county) (State or Country)

14. Maiden Name Martha Elmira Morgan
Mother (City, town or county) (State or Country)

15. Birthplace Gadsden, Alabama
(City, town or county) (State or Country)

16. (a) Informant's own signature Estella M. Nelms
(b) Address 569 - Ash St.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cemetery Date 2/17/1948

18. (a) Embalmer's Signature Frank Healy
(b) Funeral Director Frank Healy
(c) Address 328 S. Hill St. Globe, Ariz.

19. (a) Feb. 17 - 1948
(Date received Local Registrar)

(b) Drew Havelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 14, 1948
TIME (Hour and minute) 8:40 p.m.

21. I hereby certify that I attended the deceased from Globe
1944 to Feb 14, 1948
that I last saw him alive on Feb 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis
chronic myocarditis
Due to old age

Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
2 yrs

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 Chas. H. ... M. D.
Address Globe Date signed 2/16/48