

2161

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

1238

REGISTRAR'S NO. 6

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE
04 X
25
0402
3

1. PLACE OF DEATH

A. COUNTY *Gila*

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) *Miami*

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA *2 yr. 3 mo.*

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) *Miami - Inspiration Hosp.*

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE *Ariz.*

B. COUNTY *Gila*

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) *Miami*

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *918 Merritt*

PRECEDENT PERSONAL DATA
2
1
1
1
249

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST) *Nancy*

B. (MIDDLE) *B.*

C. (LAST) *Pelfrey*

4. SEX *Female*

5. COLOR OR RACE *White*

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH DAY YEAR *Apr 27 1919*

8. AGE YEARS MONTHS DAYS *29 4 17*

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). *Domestic*

9B. KIND OF BUSINESS OR INDUSTRY *Housewife*

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Kentucky*

11. CITIZEN OF WHAT COUNTRY? *U. S.*

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *No*

13. SOCIAL SECURITY NO. *None*

14A. FATHER'S NAME *James Thompson*

14B. BIRTHPLACE (STATE OR COUNTRY) *Kentucky*

15A. MOTHER'S MAIDEN NAME *Viva Salyers*

15B. BIRTHPLACE (STATE OR COUNTRY) *Kentucky*

16. INFORMANT'S SIGNATURE *Marvin S. Pelfrey*

17. DATE OF DEATH (MONTH) (DAY) (YEAR) *Feb. 13 1949*

CAUSE OF DEATH (ITEM 18)
110X
0
10

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).)

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) *Cardiac Decompensation (Cardiac decompensation)*

ANTECEDENT CAUSES (b) *Mitral Stenosis - since childhood (Mitral stenosis since childhood.)*

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19. INTERVAL BETWEEN ONSET AND DEATH *5 months*

OPERATIONS, AUTOPSY
9

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

DEATH DUE TO EXTERNAL INFLUENCE
X
-

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION
1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *April 1948* TO *2-13-49*. THAT I LAST SAW THE DECEASED ALIVE ON *2-13-49* AND THAT DEATH OCCURRED AT *12:00 P.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE *[Signature]*

23B. ADDRESS *Miami Ariz*

23C. DATE SIGNED *2-1-49*

FUNERAL DIRECTOR AND REGISTRAR
19
2

24A. BURIAL CREMATION REMOVAL

24B. DATE *Feb. 16*

24C. NAME OF CEMETERY OR CREMATORY *Prayer Cem.*

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) *Miami Ariz*

25. DATE REC'D BY LOCAL REG. *March 1 49*

25B. REGISTRAR'S SIGNATURE *Arnon A. Boyer*

26. FUNERAL DIRECTOR'S SIGNATURE *Peter G. Miles*

ADDRESS *Miami Ariz*