

2236

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

STATE FILE NO. 5510

REGISTRAR'S NO. 2

04 OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Hayden		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 36 years same			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) North Hayden		
IDENT PERSONAL DATA 166 6 XY9	3. NAME OF DECEASED A. (FIRST) Nathan B. (MIDDLE) none C. (LAST) McGovern			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR May 10 1983		8. AGE YEARS MONTHS DAYS 66 6 12	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK OR DURING MOST OF LIFE, EVEN IF RETIRED.) Grocery salesman (solic)		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. 626-09-3238	
	9B. KIND OF BUSINESS OR INDUSTRY Grocery		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
	14A. FATHER'S NAME Martin Joseph McGovern		14B. BIRTHPLACE (STATE OR COUNTRY) Ireland		15A. MOTHER'S MAIDEN NAME Evelyn Cox	
16. INFORMANT'S SIGNATURE Mrs Mary Mc Govern			17. DATE OF DEATH Nov. 22 1949		15B. BIRTHPLACE (STATE OR COUNTRY) Texas	
CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Apoplexy					45 min.
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					1 year or more
OPERATIONS, TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	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)	
DEATH DATE TO PERMANENT RELEASE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 15, 1949 TO Nov. 22, 1949 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 15, 1949 AND THAT DEATH OCCURRED AT 1:30A FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL OFFICER'S CERTIFICATION	23A. SIGNATURE James M. Walsh, M.D.			23B. ADDRESS Hayden		23C. DATE SIGNED 11-22-49
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Nov 25, 1949		24C. NAME OF CEMETERY OR CREMATORY Mountain View	
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. Nov 29, 1949		25B. REGISTRAR'S SIGNATURE N. P. Paul		26. FUNERAL DIRECTOR'S SIGNATURE P. Hutton Winkelman, Ariz. CERT. NO. 48	
					27. EMBALMER'S SIGNATURE P. Hutton	