ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1808

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 12

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Payson - Rural
C. LENGTH OF STAY IN THIS PLACE: ? IN ARIZONA: ?
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Highway 18 Mi South Payson

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Unknown

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Edward
B. (MIDDLE): W.
C. (LAST): Nelson

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

7. DATE OF BIRTH MONTH | DAY | YEAR

8. AGE YEARS: About 75 | MONTHS | DAYS

IF UNDER 24 HOURS: HOURS | MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: ?

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ?

11. CITIZEN OF WHAT COUNTRY? ?

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

13. SOCIAL SECURITY NO. 573-03-3102

14A. FATHER'S NAME: Unknown

14B. BIRTHPLACE (STATE OR COUNTRY): Georgia

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): Georgia

16. INFORMANT'S SIGNATURE ADDRESS

17. DATE OF DEATH (MONTH): March (DAY): 17 (YEAR): 1950

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.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Auto Accident

DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

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

21F. HOW DID INJURY OCCUR? Auto Accident

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Hollins N. Greer Justice of the Peace

23B. ADDRESS: Payson, Arizona

23C. DATE SIGNED: March 18, 50

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Apr. 12, 1950

24C. NAME OF CEMETERY OR CREMATORY: ?

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Miami Arizona

25A. DATE REC'D BY LOCAL REG.: Mar 17, 1950

25B. REGISTRAR'S SIGNATURE: Calvin N. Greer

26. FUNERAL DIRECTOR'S SIGNATURE: Rita A. Miles ADDRESS: Miami Ariz.

27. EMBALMER'S SIGNATURE CERT. NO.

FORM VS 2 REV. 4-49 15M