

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

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 OR TOWN Globe)		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 3yrs 34yrs	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 188 House Canyon	

3. NAME OF DECEASED A. (FIRST) Calvin B. (MIDDLE) Arewood C. (LAST) Nelms			4. SEX male	5. COLOR OR RACE white
6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH July DAY 7 YEAR 1978	8. AGE YEARS 71 MONTHS 10 DAYS 26	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retired-mining-copper
9B. KIND OF BUSINESS OR INDUSTRY mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (GIVE YEAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama	15A. MOTHER'S MAIDEN NAME unknown	
16. INFORMANT'S SIGNATURE BA Nelms - San Globe Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 3, 1950 00:50 a.m.		

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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Hemorrhage from Colon		24 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) Uremia	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Chronic Nephritis	
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		Cardiac Dilatation	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	
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 June 1950 TO 2 June 1950 THAT I LAST SAW THE DECEASED ALIVE ON 2 June 1950 AND THAT DEATH OCCURRED AT 00:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE William E. Bishop MD	(DEGREE OR TITLE)	23B. ADDRESS Globe Arizona	23C. DATE SIGNED June 3 1950
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE June 6, 1950	24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
25A. DATE REC'D BY LOCAL REG. 6-5-50	25B. REGISTRAR'S SIGNATURE Drew Kamelee	26. FUNERAL DIRECTOR'S SIGNATURE Frank J. Deal	
		27. EMPALMER'S SIGNATURE Frank J. Deal	