

CERTIFICATE OF DEATH

REGISTRAR'S NO. **66.**

BIRTH NO. 04 64 PLACE OF DEATH 19 AND 01 AL RESIDENCE 3	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED.)	
	A. COUNTY Gila		A. STATE North Carolina	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Globe		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Candler	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 days		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1128 Haywood Road	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital,				

PRECEDENT 3 PERSONAL DATA 188 4 950	3. NAME OF DECEASED A. (FIRST) Mrs. Ella B. (MIDDLE) Washington C. (LAST) Nichols			4. SEX fe	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 Aug DAY 9 YEAR 1862		8. AGE YEARS 88 MONTHS 0 DAYS 27
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none
	9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. Carolina		11. CITIZEN OF WHAT COUNTRY? U. S. A.
14A. FATHER'S NAME George W. Penland		14B. BIRTHPLACE (STATE OR COUNTRY) N. Carolina		15A. MOTHER'S MAIDEN NAME Liza (Penland)	
14C. INFORMANT'S SIGNATURE <i>Jacobs S. Nichols</i>		ADDRESS 666 E. Sycamore st.		17. DATE OF DEATH MONTH Sept. DAY 8, YEAR 1950 TIME 1:50 a.m.	

CAUSE OF DEATH ITEM 18) 170 X 0 0	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 CONTACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) metastasis to C.N.S.		INTERVAL BETWEEN ONSET AND DEATH 1 year
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Carcinoma of Breast		3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old age, debilitate		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
	19C. DATE OF OPERATION		19D. MAJOR FINDINGS OF OPERATION		

OPERATIONS, AUTOPSY 9 DEATH DUE TO X FORTNAL VIOLENCE -	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 1 min 50 TO 9 Sept 50 , THAT I LAST SAW THE DECEASED ALIVE ON 8 Sept 50 AND THAT DEATH OCCURRED AT 1:50 A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <i>now huler M.D.</i>		23B. ADDRESS Globe, Arizona	
	23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED 9 Sept 50	

MEDICAL CORONER'S CERTIFICATION 1 FUNERAL DIRECTOR AND REGISTRAR 17	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Sept. 10, 1950		24C. NAME OF CEMETERY OR CREMATORY Enke Cemetery, Asheville, N. Carolina		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
	25A. DATE REC'D BY LOCAL REG. 9-9-50.		25B. REGISTRAR'S SIGNATURE <i>Jane Wausley</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Frank P. Pealy</i>		27. EMBALMER'S SIGNATURE <i>Frank P. Pealy</i>	
	25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
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