~~Dr. [illegible]~~

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5175

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 203

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Mesa
C. LENGTH OF STAY — IN THIS PLACE: 65 yr. IN ARIZONA: 65 yr.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mesa Osteopathic Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Mari.
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Mesa
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 1, Box 265

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

4. SEX: Male
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH — MONTH: 7 DAY: 29 YEAR: 85
8. AGE — YEARS: 65 MONTHS: 2 DAYS: 0
IF UNDER 24 HOURS — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: William Nelson
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Deborah Biggs
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE: Mrs. Priscilla Shill — ADDRESS: Mesa, Ariz.
17. DATE OF DEATH — (MONTH): Sept. (DAY): 29, (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) Cancer of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hemorrhage internal
DUE TO (c) Carcinoma (Sigmoid)

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

19A. DATE OF OPERATION: 9/29/50
19B. MAJOR FINDINGS OF OPERATION: erosion of iliac Artery - Sigmoid (Carcinoma)
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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 29, 1950 TO Sept 29, 1950 THAT I LAST SAW THE DECEASED ALIVE ON Sept 29 AND THAT DEATH OCCURRED AT 8:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. Philip R. Hartman D.O. — DEGREE OR TITLE:
23B. ADDRESS: [illegible] W. Main
23C. DATE SIGNED: 10/6/50

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 10-4-50
24C. NAME OF CEMETERY OR CREMATORY: City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
25A. DATE REC'D BY LOCAL REG.: 10-12-50
25B. REGISTRAR'S SIGNATURE: [illegible]
26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary — ADDRESS: Mesa, Ariz.
27. EMBALMER'S SIGNATURE: [illegible] — CERT. NO. 228A

FORM VS 2 REV. 4-49 15M