

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2114

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

17

|   |  |  |  |  |
|---|--|--|--|--|
| PLACE OF DEATH AND RESIDENCE  | 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). |  |
|   | A. COUNTY <b>Gila</b>  |  | A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>  |  |
|   | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Miami</b> ) |  | C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>1 day 32 yrs</b>                       |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Y. M. C. A. building</b> |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Route 1 Box 9D Ice House Canyon</b> |  |  |

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|--|--|---|---|---|--|
| IDENTIFICATION                                     | 3. NAME OF DECEASED (TYPE OR PRINT) <b>Buaford Arewood Nelms</b> |   |   | 4. SEX <b>male</b>  | 5. COLOR OR RACE <b>white</b>  |
|  | 6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)                    | 7. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 28 1903</b>       | 8. AGE (YEARS, MONTHS, DAYS) <b>47 9 9</b>                                    |   | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>mining- copper</b> |
|  | 9B. KIND OF BUSINESS OR INDUSTRY <b>copper-mining</b>            | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kosse, Texas</b> | 11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>                                  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>yes</b> | 13. SOCIAL SECURITY NO. <b>1925-28 U.S. A. 526-07-1805</b>   |
|  | 14A. FATHER'S NAME <b>Calvin Nelms</b>                           | 14B. BIRTHPLACE (STATE OR COUNTRY) <b>Alabama</b>             | 15A. MOTHER'S MAIDEN NAME <b>Blanch Nichols</b>                               | 15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>   |  |
| 16. INFORMANT'S SIGNATURE <b>Erlene Nelms wife</b> |  |   | 17. DATE OF DEATH (MONTH, DAY, YEAR) <b>April 7, 1951 at approx 10:30p.m.</b> |   |  |

|                |   |  |  |                                  |
|----------------|---|--|--|----------------------------------|
| CAUSE OF DEATH | 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)   | MEDICAL CERTIFICATION                          |  | INTERVAL BETWEEN ONSET AND DEATH |
|                | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES (b) _____<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.) | <b>Heart Failure</b><br><b>due to coronary</b> |  |                                  |

|            |  |  |  |
|------------|--|--|--|
| OPERATIONS | 19A. DATE OF OPERATION   | 19B. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|            | 21A. ACCIDENT (SPECIFY) <b>SUICIDE</b>                                     | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)              | 21C. (CITY OR TOWN) (COUNTY) (STATE)   |
| INJURY     | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>Apr 7 1951 10:30 PM</b> | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

|                       |   |                                |                                |
|-----------------------|---|--------------------------------|--------------------------------|
| MEDICAL CERTIFICATION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>death 4-7-1951</b> AND THAT DEATH OCCURRED AT <b>10:30 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |                                |                                |
|                       | 23A. SIGNATURE (DEGREE OR TITLE) <b>M. D. Moberg</b>  | 23B. ADDRESS <b>Miami Ariz</b> | 23C. DATE SIGNED <b>4-5-51</b> |

|        |   |  |  |   |
|--------|---|--|--|---|
| BURIAL | 24A. BURIAL (CREMATION, REMOVAL) <input type="checkbox"/> <input checked="" type="checkbox"/> | 24B. DATE <b>April 11, 1951</b>                      | 24C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>   | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona</b> |
|        | 25A. DATE REC'D BY LOCAL REG. <b>4/12/51</b>  | 25B. REGISTRAR'S SIGNATURE <b>Melora D. Brantton</b> | 26. FUNERAL DIRECTOR'S SIGNATURE <b>Jesse James Walker</b> | 27. EMBALMER'S SIGNATURE <b>Jesse James Walker</b>                  |