

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6884

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5

BIRTH NO. 6485

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>			2. USUAL RESIDENCE A. STATE <i>Ariz.</i> B. COUNTY <i>Maricopa</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Mesa</i>)		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>7 years Mesa</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Mesa</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>402 a Glass Can.</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>402 a Glass Can.</i>		
IDENTIFICATION	3. NAME OF DECEASED A. (FIRST) <i>Alice</i> B. (MIDDLE) <i>Laron</i> C. (LAST) <i>Nelson</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>May</i> DAY <i>30</i> YEAR <i>1951</i>		8. AGE YEARS <i>0</i> MONTHS <i>7</i> DAYS <i>0</i>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>none</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		9C. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
CAUSE OF DEATH	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>none</i>	
	14A. FATHER'S NAME <i>Milton T. Nelson</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Quebec, Can.</i>		15A. MOTHER'S MAIDEN NAME <i>Georgia Sebler</i>	
	16. INFORMANT'S SIGNATURE <i>Milton T. Nelson</i>			17. DATE OF DEATH (MONTH) <i>Dec.</i> (DAY) <i>30</i> (YEAR) <i>1951</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Kingdell, Okla.</i>
MEDICAL CERTIFICATION	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.			I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Suffocation</i>		
	*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.			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
OPERATIONS, TOPSY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>---</i>		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 <i>May 30 1951</i> TO <i>Dec 30 1951</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>12/30 1951</i> AND THAT DEATH OCCURRED AT <i>3:45 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
SIGNATURE	23A. SIGNATURE (DEGREE OR TITLE) <i>Dr. J. E. Juven MD</i>		23B. ADDRESS <i>Mesa, Ariz.</i>		23C. DATE, SIGNED <i>1/2/52</i>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Dec 31, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Mesa Ariz.</i>		25A. DATE REC'D BY LOCAL REG. <i>Jan 5 1952</i>		25B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton</i>	
REGISTRAR	25C. FUNERAL DIRECTOR'S SIGNATURE <i>J. H. ...</i>		25D. FUNERAL DIRECTOR'S ADDRESS		25E. FUNERAL DIRECTOR'S CERT. NO. <i>244A</i>	
	26. FUNERAL DIRECTOR'S SIGNATURE		27. REGISTRAR'S SIGNATURE		28. REGISTRAR'S CERT. NO.	
	FORM VS 2 REV. 8-30 20M					