

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

82

BIRTH NO.

REGISTRAR'S NO.

322

CERTIFICATE OF DEATH

14 PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Globe		B. LENGTH OF STAY IN THIS TOWN 2 Wks IN ARIZONA 27 Yrs IN CITY LIMITS		2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN Miami		3. NAME OF DECEASED A. (FIRST) John B. (MIDDLE) William C. (LAST) Nagle		4. SEX Male		5. COLOR OR RACE White	
5	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR ADDRESS OR LOCATION) Institution Gila General Hospital		D. STREET ADDRESS 920 Keegan St.		(IF RURAL, GIVE LOCATION)		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH April DAY 2 YEAR 1869		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Brakeman	
DECEDENT PERSONAL DATA	8. KIND OF BUSINESS OR INDUSTRY Copper Mine		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? U.S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO.		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
7	14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown		17. DATE OF DEATH (DAY) Jan (MONTH) 15 (YEAR) 1953		19. INTERVAL BETWEEN ONSET AND DEATH Unknown		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
153	16. INFORMANT'S SIGNATURE <i>K. Kelly Zabel</i>		ADDRESS <i>Miami, Ariz</i>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4A2		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cardio-Renal disease		DUE TO (B) Senile dementia		DUE TO (C) Unknown	
9	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
7	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 Jan. 16, 1953 TO Jan. 15, 1953 . THAT I LAST SAW THE DECEASED ALIVE ON Jan. 16, 1953 AND THAT DEATH OCCURRED AT A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>W. Swackhammer</i>		23B. ADDRESS (DEGREE OR TITLE) 2435. 2nd St. S. St. Ariz.	
1	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE Jan. 18, 1953		24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		25A. DATE REC'D BY LOCAL REG. 1-22-53		25B. REGISTRAR'S SIGNATURE <i>James Staveland</i>	
2	26. FUNERAL DIRECTOR'S SIGNATURE <i>James Staveland</i>		27. FUNERAL HOME'S SIGNATURE <i>James Staveland</i>		28. ADDRESS		29. DATE SIGNED 1-19-53		30. REGISTRAR'S SIGNATURE <i>W. Swackhammer</i>		31. ADDRESS	
2	32. REGISTRAR'S SIGNATURE <i>W. Swackhammer</i>		33. ADDRESS		34. DATE SIGNED		35. REGISTRAR'S SIGNATURE <i>W. Swackhammer</i>		36. ADDRESS		37. DATE SIGNED	