ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1023

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 483

PLACE OF DEATH AND USUAL RESIDENCE 17 17 29 29 6467

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 12 yrs — IN ARIZONA: 12 yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): H & M Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 510 W. Granada

DECEDENT PERSONAL DATA 1 2 3 85 6 253

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Nancy B. (MIDDLE) Jane C. (LAST) Williams

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed

7. DATE OF BIRTH MONTH: Aug DAY: 2 YEAR: 1867

8. AGE (IN YEARS LAST BIRTHDAY): 85 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Own home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana

11. CITIZEN OF WHAT COUNTRY? USA

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.: None

14A. FATHER'S NAME: John T. Tevault

14B. BIRTHPLACE (STATE OR COUNTRY): England

15A. MOTHER'S MAIDEN NAME: unk.

15B. BIRTHPLACE (STATE OR COUNTRY): unk.

16. INFORMANT'S SIGNATURE ADDRESS: Mrs. W. C. Sills, Phoenix, Ariz.

17. DATE OF DEATH (MONTH) February (DAY) 23 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4-20-80

+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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Arteriosclerotic Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) _____

DUE TO (C) Generalized Arteriosclerosis — years.

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Abdominal Mass R.U.Q. - Etiology undetermined — 2 years

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19 50, TO 23 Feb, 19 53. THAT I LAST SAW THE DECEASED ALIVE ON 15 Feb, 19 53. AND THAT DEATH OCCURRED AT 2:30A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Lloyd K. Dwesey M.D.

23B. ADDRESS: 16 E. Monroe, Phoenix

23C. DATE SIGNED: 2-23-53

FUNERAL DIRECTOR AND REGISTRAR 85 2 112

24A. BURIAL [ ] CREMATION [X] REMOVAL [X]

24B. DATE: Feb 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Oakland City, Indiana

25A. DATE REC'D BY LOCAL REG.: 2/23/53

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Stanley Clegg

ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: John T. Young

CERT. NO.: 300

FORM VS 2 REV. 4-15-52