ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6814

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2468

DATE OF DEATH 9 AND 32 / AL RESIDENCE 8101

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1½ month; IN ARIZONA: 50 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ■ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1514 Swenson Drive

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Nathan B. (MIDDLE) O. C. (LAST) Tenney
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: Myrtle Tenney
7. DATE OF BIRTH — MONTH: 4 DAY: 18 YEAR: 87
8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Samuel B. Tenney
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Laura Isabel Brown
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Arizona State Hospital — ADDRESS: Phoenix
17. DATE OF DEATH — (MONTH) November (DAY) 20 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Bronchial Pneumonia — 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)
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Parkinson's syndrome
Coronary Atheromatosis

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 10-5-, 1953, TO 11-20, 1953. THAT I LAST SAW THE DECEASED ALIVE ON 11-20, 1953, AND THAT DEATH OCCURRED AT 12:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [illegible] (DEGREE OR TITLE)
23B. ADDRESS: 2500 E. Van Buren St., Phoenix
23C. DATE SIGNED: 11-20-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: Nov. 20, 1953
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-23-53
25B. REGISTRAR'S SIGNATURE: Clara Lovell - Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: R. Lee Moore — ADDRESS
27. EMBALMER'S SIGNATURE: James S Tettenger — CERT. NO. 310

FORM VS 2 REV. 1-1-53