

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 4021

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 5 Wks. IN ARIZONA 5 Wks.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 810 E. Meadowbrook (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 810 E. Meadowbrook			
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Nellie B. (MIDDLE) May C. (LAST) McLin			4. SEX F	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Fred S. McLin		7. DATE OF BIRTH MONTH Mar. DAY 5 YEAR 1888	8. AGE (IN YEARS LAST BIRTHDAY) 65	IF UNDER 1 YEAR MONTHS	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 At home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. Unk.		
	14A. FATHER'S NAME John Charles Townsend		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois	15A. MOTHER'S MAIDEN NAME Mattie Hebb		15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		
CAUSE OF DEATH (TEM 18)	16. INFORMANT'S SIGNATURE Mr. Fred S. McLin (husb)		ADDRESS Same		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 13 1954			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 4/20/54 ‡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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) CORONARY OCCLUSION DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. ARTHRITIS				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM FEB 11 1954 TO FEB 12 1954 , THAT I LAST SAW THE DECEASED ALIVE ON FEB 12 1954 AND THAT DEATH OCCURRED AT 4:00 P M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE Max Kelly M.D.				22B. ADDRESS 802 E. Indian School Rd		22C. DATE SIGNED 2/15/54	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Feb. 15, 1954	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 2/15/54		26B. REGISTRAR'S SIGNATURE Buelah Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE O. Lee		27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA	