

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6865

CERTIFICATE OF DEATH

REGISTRAR'S NO. 223.

4 E OF DEATH AND L RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 7 yr IN ARIZONA 7 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Dominion Hotel			
PRECEDENT PERSONAL DATA 105 X54	3. NAME OF DECEASED A. (FIRST) Alben B. (MIDDLE) LAMAR C. (LAST) Nace			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		
	6B. NAME OF SPOUSE FLORENCE MACK		7. DATE OF BIRTH MONTH DAY YEAR Dec 18 1888	8. AGE (IN YEARS LAST BIRTHDAY) 65	IF UNDER 1 YEAR MONTHS DAYS 11 12	IF UNDER 24 HRS. HOURS MIN. XX XX	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) bookkeeper	
	9B. KIND OF BUSINESS OR INDUSTRY bookkeeper	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sycamore Illinois	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. 526-26-0575		
14A. FATHER'S NAME (unknown) Nace		14B. BIRTHPLACE (STATE OR COUNTRY) Georgia		15A. MOTHER'S MAIDEN NAME (unknown)		15B. BIRTHPLACE (STATE OR COUNTRY) (unknown)		
16. INFORMANT'S SIGNATURE Mrs Florence Mace				17. DATE OF DEATH November 30, 1954 at 10:27 p.m.				
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 607X ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Anemia				INTERVAL BETWEEN ONSET AND DEATH 10 days.	
			DUE TO (B) Chronic pyelonephritis				Several Months	
			DUE TO (C) Myocardial infarction					
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>September 53</u> , 19 <u>54</u> , TO <u>Nov 30</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov 30</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>10:27 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE H.E. Porshop MD			22B. ADDRESS Box 150 Globe Ariz		22C. DATE SIGNED 12/1/54		
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 type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec 7 1954		25C. NAME OF CEMETERY OR CREMATORY SANFORD CEMETERY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) SANFORD FLORIDA	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 12-7-54		26B. REGISTRAR'S SIGNATURE Irene Nance		27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Mackay		27B. ADDRESS Globe Arizona	
	FORM VS-2 REV. 6-1-53 AMPCO 70385							