93023

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

REGISTRAR'S NO. 59 **CERTIFICATE OF DEATH** FILE NO. 62-2431

1. PLACE OF DEATH: STATE OF NEVADA
A. COUNTY: White Pine
B. CITY, TOWN, OR LOCATION: East Ely
C. Length of stay in this: 10 Days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Steptoe Valley Hospital
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
A. STATE: Nevada B. COUNTY: Eureka
C. CITY, TOWN, OR LOCATION: Eureka
D. STREET ADDRESS: Spring Street
E. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
F. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) (none) (Last) MARTIN
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 29, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb-14-1878
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Swansea, Wales
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Williams
14. MOTHER'S MAIDEN NAME: Ann Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No
16. SOCIAL SEC. NO.: None
17. INFORMANT: John Martin — ADDRESS: Eureka, Nevada

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): [illegible handwriting]
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour / Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

SEAL Affixed

21. I attended the deceased from 10-[illegible]-62 to 10-[illegible]-62 and last saw h[er] alive on 10-[illegible]-62. Death occurred at [illegible] m, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or Title) M.D.
22b. ADDRESS: [illegible]
22c. DATE SIGNED: [illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/31/62
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Eureka, Eureka, Nevada

24. FUNERAL DIRECTOR: Wilson-Bates — EMBALMER'S LIC. NO.: 67 — ADDRESS: Ely, Nevada
25. DATE REC'D BY LOCAL REG.: 10-30-62
26. REGISTRAR'S SIGNATURE: J.V. Robinson

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: MAR 19 1984

By [signature: William C. ...]
Deputy Registrar

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RECORDED AT REQUEST OF
Frontier Title Company
BOOK 122 PAGE 71

84 APR 2 A 9:50

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALSATI, RECORDER
FILE NO. 93023
FEE $ 6.00

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