

078703

United States of America—State of New Mexico—Vital Records

CERTIFICATE OF DEATH—Certified by Medical Investigator Certified by Physician

Bernalillo

Albuquerque

County of Death

City, Town, Location



DO NOT WRITE IN THIS MARGIN

DECEDENT—NAME First Middle Last Sadie Mae EMERSON			SEX F	DATE OF DEATH (mo, day, yr) May 15, 1983	
1. DATE OF BIRTH (mo, day, yr) Sept. 19, 1891	AGE—last birthday Mo. Days Hours Mins. 91	UNDER 1 YEAR 91	UNDER 1 DAY 91	RACE—Specify White, Black Native American, etc. White	IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.) ---
IF HISPANIC, Specify: <input type="checkbox"/> U.S. Southwest <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____		HOSPITAL OR OTHER INSTITUTION—Name (If neither, give street and number) St. Joseph Hospital		IF HOSP. OR INST., Specify DOA OF Emer. Rm. Inpatient Inpt.	
DATE OR COUNTRY OF BIRTH Iowa	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—Specify Widowed	SURVIVING SPOUSE (If wife, give maiden name) ---	WAS DECEDENT EVER IN U.S. ARMED FORCES? XX	
SOCIAL SECURITY NUMBER 478-44-5301	USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker	KIND OF BUSINESS OR INDUSTRY Home			
RESIDENCE—State Iowa	County Union	CITY, TOWN OR LOCATION Lorimor	STREET AND NUMBER PO Box 16	INSIDE CITY LIMITS? XX Yes <input type="checkbox"/> No	
FATHER—NAME First Middle Last Henry Nelson		MOTHER—MAIDEN NAME First Middle Last Margaret Filson			
FORMANT—NAME (Type or print) Golda LaFollette	MAILING ADDRESS Street/RFD No. City/Town State Zip 1704 Ganges Ave. El Cerrito, California 94530				
SURVIVAL, CREMATION, REMOVAL, OTHER—Specify Removal	CEMETERY / CREMATORY—Name Peru Cemetery	LOCATION City/Town State Peru, Iowa			
GENERAL SERVICE LICENSEE or Authorized Rep.—Signature <i>Lawrence</i>	FACILITY—NAME French Mortuary	FACILITY—ADDRESS PO Box 25063, Albuquerque, NM 87125			
CERTIFIER'S SIGNATURE—On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. <i>Lawrence</i>		DATE SIGNED (mo, day, yr) 16 May 83	HOUR OF DEATH 18:35 PM		
Office of the Medical Investigator University of New Mexico Medical School, Albuquerque, NM 87131		PRONOUNCED DEAD (mo, day, yr) 15 May 83	PRONOUNCED DEAD (hour) ---		
REGISTRAR SIGNATURE <i>Rennie Ladue</i>		DATE RECEIVED 5-17-83			
PART I—IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c)					
a. Brain Stroke CVA			Interval between onset and death Minutes		
b. Cerebrovascular disease			Interval between onset and death		
c. Age			Interval between onset and death		
PART II—OTHER SIGNIFICANT CONDITIONS—Contributing to death but not related to cause given in PART 1a. Aspiration Pneumonia					
AS RECENT SURGICAL PROCEDURE PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, SPECIFY TYPE OF PROCEDURE ---	DATE OF PROCEDURE ---	WAS DECEDENT PREGNANT WITHIN LAST 6 WEEKS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, estimated length of pregnancy ---	
DESCRIBE HOW INJURY OCCURRED ---		HOUR OF INJURY ---	DATE OF INJURY (mo, day, yr) ---		
INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PLACE OF INJURY—Specify home, farm, street, etc. ---	LOCATION Street/RFD No. City/Town State ---	27g.		

LEGAL DOCUMENT

ICDA

Condition if any, give the immediate cause, underlying cause

VSB 90 Issued

0



STATE OF NEW MEXICO

CERTIFIED COPY OF VITAL RECORD

OF BERNALILLO

Michael J. Burkhardt, Director
Health Services Division
Health and Environment Department

This is a true and exact reproduction of the original document officially registered and placed on file in the Vital Records Section of the New Mexico Health and Environment Department in Santa Fe, New Mexico, and issued under the authority of the State Registrar of Vital Statistics.

DATE ISSUED: May 17, 1983

Michael W. Ammann
Michael W. Ammann
State Registrar
Vital Statistics

FILE NO. 1567 BOOK 39 PAGE 487

90 JAN 31 PM 2: 16

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee \$5.00