STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

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AFC # 0503470 D

LOCAL FILE NUMBER 12286 | STATE FILE NUMBER 976223

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1 Harwood	H.	MC SWEENEY	2 December 23, 1983	3a Clark

CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	INSIDE CITY LIMITS (Specify Yes or No)	If Hosp or Inst indicate DOA, OP/Emer Rm, Inpatient (Specify)
3b Boulder City	3c 1219 Piute Drive	3d Yes	3e

RACE - (e.g., White, Black, American Indian, etc) (Specify)	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX
4a White	4b.	5a 74	5b :	5c :	6 Sept. 24, 1909	7 Male

STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 New York	9. USA	10 Married	11. Gladys M. Hazen	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13 097-28-1680	14a Farmer	14b Agriculture

PARENTS

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a Nevada	15b Clark	15c Boulder City	15d 1219 Piute	15e Yes

FATHER—NAME First	Middle	Last	MOTHER—MAIDEN NAME First	Middle	Last
16 Harwood		McSweeney	17		Hill

DISPOSITION

INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
18a Gladys McSweeney	18b 1219 Piute, Boulder City, Nv. 89005

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town	State
19a Removal	19b Oakwood Cemetery	19c Theresa	New York

FUNERAL DIRECTOR (SIGNATURE (Or Person Acting as Such))	NAME AND ADDRESS OF FACILITY
20a H.E. Bossard	20b Palm Mortuary, 800 S. Boulder Hy., Henderson, Nv. 89015

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(Signature and Title)

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b	21c

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21d

To be completed by Coroner's Office

22a 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

(Signature and Title) Wilson Sheldon Green

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
22b 12-27-83	22c Bef: 5:00 P.M.

PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
22d. ON 12-23-83	22e. AT 5:00 P.M.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

23. R. A. Mayne, Chief Dep. Coroner - 1704 Pinto Lane, Las Vegas, Nev.

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) Wanda Turpin, Dep.	24b. DEC 27 1983	24c. YES ☐ NO ☒

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I (a) Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No	27. Yes

FOR DEATHS

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a	28b.	28c. M	28d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e	28f.	28g		

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VITAL RECORDS

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: J B

Date Issued: FEB 28 1984

Recorder's memo: Legibility Questionable For Good Reproduction

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

After recording return to:

Monte J. Morris
Number 3 Army Street
Henderson, Nv. 89015

STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of Aspen Title Co. the 13th day of March A.D., 19 90 at 11:33 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 4628.

Evelyn Biehn County Clerk

FEE $8.00

By Darlene Muldoon