

PLACE OF DEATH  
COUNTY OF ESMERALDA

NEVADA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
DUPLICATE CERTIFICATE OF DEATH

TOWN OF Lordsburg  
or  
CITY OF \_\_\_\_\_

State Index No. \_\_\_\_\_  
LOCAL REGISTERED NO. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME (number of street and number, and Ill. and No. 18.)

Full Name Harry Hubert Hertweck

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 4 COLOR OR RACE White 5 Single Divorced  
Married  
Widowed  
or Divorced  
(Write the word)

16 DATE OF DEATH  
August 1, 1960  
(Month) (Day) (Year)

6 DATE OF BIRTH July 23, 1891  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
August 1, 1960 to August 1, 1960

7 AGE 69 yrs. 0 mos. 9 da. IF LESS than 1 day  
hrs. or min.

that I last saw him alive on August 1, 1960

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)  
Retired soldier

and that death occurred on the date stated above at Lordsburg, N.M.

The CAUSE OF DEATH\* was as follows:  
Apoplexy

9 BIRTHPLACE (State or country) Hickman, Kentucky

10 NAME OF FATHER Harry C. Hertweck

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Isa Maria

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

13a LENGTH OF RESIDENCE  
At place of Death 18 years \_\_\_\_\_ months

13b Nevada 18 years \_\_\_\_\_ months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maxille C. Hertweck

(Address) Lordsburg, California

15 Filed \_\_\_\_\_ 1960 \_\_\_\_\_ Subregistrar.

Filed \_\_\_\_\_ 1960 \_\_\_\_\_ Registrar or Deputy.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18 (Signed) Russell C. Joy M. D.

8-6-60 1866 (Address) Hospital, Nevada

\*State the Disease Causing Death, or, its Death from Violent Causes, state (1) Manner of Injury, and (2) whether Accidental, Suicidal, or Homicidal

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Hotel Residents

Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Days

Where was disease contracted, if not at place of death? \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Donoval Cemetery

20 UNDERTAKER W. S. Lopez

DATE OF BURIAL 8-6-60 1960

ADDRESS Donoval, Nev.