

1663

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH
County Maricopa
District Mesa No. 3
Town Mesa
Or City _____

ARIZONA STATE BOARD OF HEALTH 804
BUREAU OF VITAL STATISTICS 220 State Index No. _____
ORIGINAL CERTIFICATE OF DEATH County Registered No. 479
Local Registrar's No. _____

No. South Side Hospital St. _____
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Edgar Eno Ellison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White SINGLE Married
White Indian MARRIED
Black Chinese WIDOWED
Mexican or DIVORCED

DATE OF BIRTH Nov 22 1882
(Month) (Day) (Year)

AGE 30 yrs. 6 mos. 21 days If less than 1 day, _____ hrs., or _____ min.

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

BIRTHPLACE (State or country) Indiana

NAME OF FATHER William Ellison

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Hodson

BIRTHPLACE OF MOTHER (State or county) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Vivian Ellison
(Address) Tempe, Ariz.

PLACE OF BIRTH OR REMOVAL Phoenix DATE OF BIRTH OR REMOVAL Jun 15 1913

UNDERTAKER A. N. Smith ADDRESS Mesa, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1913
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 13 1913 to June 13 1913; that I last saw him alive on June 13 1913 and that death occurred on the date stated above at 9 A.M. The DISEASE or INJURY causing Death was as follows: Cerebral abscess.

Acquired post mortem
(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? yes
If not where? _____

CONTRIBUTORY _____
(Duration) _____ yrs. _____ mos. _____ days

(Signed) R. H. Palmer
6/13 1913 (Address) Mesa

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death... yrs. ... mos. ... ds. In Arizona... yrs. ... mos. ... ds.
Former or Usual Residence _____

Filed Jun 14 1913 J. E. Drane, M.D. Local Registrar

Filed 7-10 1913 W. A. Hughes County Registrar