501

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 917

County Registered No. 55

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Mohave

District Oatman

Town Or City Oatman

No. At Home St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME George Oswald Elkins

FILL OUT ALL BLANKS.

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX M — Color or Race: White, Indian, Black, Chinese, Mexican — SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH Feb. (Month) 24 (Day) 1870 (Year)

AGE 48 yrs. 9 mos. 21 days — If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country) Louisiana

PARENTS

NAME OF FATHER William Henry Elkins

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Lydia Charlotte Jackson

BIRTHPLACE OF MOTHER (State or country) England.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred T. Elkins

(Address) Oatman Ariz.

PLACE OF BURIAL OR REMOVAL Oatman.

DATE OF BURIAL OR REMOVAL Nov. 17th 1918

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 16 (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 12 1918 to Nov 16 1918; that I last saw him alive on Nov 16 1918, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) ..... yrs. about 4 mos. ..... days

Was disease contracted in Arizona? yes.

If not, where?

CONTRIBUTORY Influenza

(Duration) ..... yrs. ..... mos. ..... days

(Signed) J. J. Mapes M.D.

Nov 20 1918 (Address) Oatman Ariz

*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 Dec 4 1918 Sadock Sheffield Local Registrar

Filed 12 10 1918 T. R. White County Registrar