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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 1306
County Registered No. 266
Local Registrar's No. 263

PLACE OF DEATH
County Yuma
District Town Or City Yuma Valley

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

FULL NAME Ethel Ellona Harley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ | ~~SINGLE~~ MARRIED X ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH July (Month) 3d (Day) 1898 (Year)

AGE 20 yrs 4 mos 2 days | If less than 1 day ___ hrs., or ___ min.

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

BIRTHPLACE (State or country) Texas

PARENTS
NAME OF FATHER S F Henderson
BIRTHPLACE OF FATHER (State or Country) Ohio
MAIDEN NAME OF MOTHER Emma Schoffstall
BIRTHPLACE OF MOTHER (State or Country) Ill

The Above Is True to the Best of My Knowledge
(Informant) S F Henderson
(Address) Yuma Arizona

PLACE OF BURIAL OR REMOVAL Yuma Cemetery
DATE OF BURIAL OR REMOVAL 11/5 1918
UNDERTAKER C Johnson
ADDRESS Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 4 (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 2 1918 to Nov 4 1918; that I last saw her alive on Nov. 4 1918, and that death occurred on the date stated above at 10 10 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) ___ yrs ___ mos 10 days

Was disease contracted in Arizona? Yes
If not, where?

CONTRIBUTORY Influenza
(Duration) ___ yrs ___ mos 10 days

(Signed) Wm. C. Cain
Nov. 5 1918 (Address) Somerton Ariz

*In death 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 Nov. 6 1918 Mary A. Wuppermann
Local Registrar

Filed Dec 10 1918 C E Roone
County Registrar

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.