(2)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3375

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 45

1. PLACE OF DEATH

A. COUNTY: Cochise

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tombstone

C. LENGTH OF STAY IN THIS PLACE: 18 IN ARIZONA: 28

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): At Residence

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Cochise

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tombstone

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 186, Tombstone, Ariz.

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Charles B. (MIDDLE): Henry C. (LAST): Elliott

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH May DAY 6 YEAR 1883

8. AGE: YEARS 69 MONTHS 1 DAYS 21

IF UNDER 24 HOURS: HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): ~~Retired~~ Rancher.

9B. KIND OF BUSINESS OR INDUSTRY: Ranching

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mt. Calm, Texas

11. CITIZEN OF WHAT COUNTRY? U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE): —

13. SOCIAL SECURITY NO. 526-14-2174

14A. FATHER'S NAME: Louis B. Elliott

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Betty Rogers

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Mrs Susie B. Elliott ADDRESS:

17. DATE OF DEATH (MONTH) June (DAY) 27 (YEAR) 1952

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 022 X

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. ____

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonar hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) T. B. pulmonar — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY) L

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) Tombstone (COUNTY) Cochise (STATE) Ariz

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6.27. 1952 TO 6.27. 1952 THAT I LAST SAW THE DECEASED ALIVE ON Same 19____ AND THAT DEATH OCCURRED AT 12:50 A.M. THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.

23B. ADDRESS: Tombstone, Ariz

23C. DATE SIGNED: 6.28.52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: June 30, 1952

24C. NAME OF CEMETERY OR CREMATORY: Tombstone

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tombstone, Arizona

25A. DATE REC'D BY LOCAL REG.: 7/2/52.

25B. REGISTRAR'S SIGNATURE: Thelma H. Kanyd (Deputy)

26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HUBBARD MORTUARY, Bisbee, Ariz.

27. EMBALMER'S SIGNATURE: W B Sanders

CERT. NO. 334

FORM VS 2 REV. 2OM

2 02 E OF DEATH 3 AND 43 L RESIDENCE 5

CEDENT ERSONAL DATA 169 4 652

CAUSE OF DEATH (ITEM 18) 2 9

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DEATH UE TO TERNAL OLENCE

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