ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4808

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 45

08 08 98

OF DEATH 78 AND X RESIDENCE 3

1. PLACE OF DEATH
A. COUNTY: Mohave
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Bullhead City
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 4 years
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home - Bullhead City, Ariz

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Mohave
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Bullhead, Ctiy Ariz
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Albert
B. (MIDDLE): L.
C. (LAST): Elliott Sr.

4. SEX: Male
5. COLOR OR RACE: White

EDENT 1 RSONAL DATA 161 7 852

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Nov. DAY 4 YEAR 1891
8. AGE: YEARS 61 MONTHS 2 DAYS 24
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Welder
9B. KIND OF BUSINESS OR INDUSTRY: Welder
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
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): no
13. SOCIAL SECURITY NO.: 216-03-9899
14A. FATHER'S NAME: J.P. Elliott
14B. BIRTHPLACE (STATE OR COUNTRY): unk
15A. MOTHER'S MAIDEN NAME: unk
15B. BIRTHPLACE (STATE OR COUNTRY): unk
16. INFORMANT'S SIGNATURE: Mandia Elliott
ADDRESS: Bullhead Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): August 10- 1952

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 260X
*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) diabetes mellitus
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) ____
DUE TO (c) ____
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

RATIONS, UTOPSY 2

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

EATH UE TO TERNAL OLENCE X

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?

EDICAL ORONER'S FICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 10 1952 TO Aug 10 1950 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__ AND THAT DEATH OCCURRED AT 3:20 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Arthur A. Arnold MD
23B. ADDRESS: Kingman
23C. DATE SIGNED: 8/2/52

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24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 8/18/52
24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman Ariz.
25A. DATE REC'D BY LOCAL REG.: 8-18-1952
25B. REGISTRAR'S SIGNATURE: Hazel M. Miller
26. FUNERAL DIRECTOR'S SIGNATURE: William H. Peck
ADDRESS: Kingman
27. EMBALMER'S SIGNATURE: William H. Peck
CERT. NO.: 266A

FORM VS 2 REV. 8-50 20M