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Original

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 355

County Registered No. 10

Local Registrar's No. 3

PLACE OF DEATH

County Mohave

District Chloride

Town Or City Chloride

No. ..... St.

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

FULL NAME John Ellis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White, Indian, ~~Black~~, Chinese, Mexican

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ or ~~DIVORCED~~: yes

DATE OF BIRTH: Oct (Month) 4 (Day) 1849 (Year)

AGE: 71 yrs. 3 mos. 19 days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Knox Co Missouri

PARENTS

NAME OF FATHER: Peter Ellis

BIRTHPLACE OF FATHER (State or country): Southern Mo.

MAIDEN NAME OF MOTHER: Mary Ann Cooley

BIRTHPLACE OF MOTHER (State or country): Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emily Groves

(Address) Chloride Ariz.

PLACE OF BURIAL OR REMOVAL: Chloride County

DATE OF BURIAL OR REMOVAL: Jany 25 1921

UNDERTAKER: C. Van Porter

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 23 (Day) 1921 (Year)

I hereby certify, that I attended deceased from Dec 31 1920 to Jany 22 1921; that I last saw him alive on Jany 22 1921, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows:

Bright's Disease

Chronic Albuminuria

(Duration) 5 yrs. ..... mos. ..... days

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY .....

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

(Signed) William C. Todt

Jan 24 1921 (Address) Kingman

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

LENGTH OF RESIDENCE

At place of death 35 yrs. ..... mos. ..... ds. In Arizona 35 yrs. ..... mos. ..... ds.

Former or Usual Residence Nevada

Filed Jany 24" 1921 W. M. Stallsmith
Local Registrar

Filed 2 10 1921 T R White
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.