

25 18

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.

PLACE OF DEATH

County Pinal
District 1
Town Florence
Or City Florence

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 378

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1177

Local Registrar's No. _____

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

FULL NAME Ella Ethel Sipe

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED
DATE OF BIRTH _____/_____/191____ (Month) (Day) (Year)		
AGE <u>22</u> yrs. ____ mos. ____ days If less than 1 day ____ hrs., or ____ min.		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Idaho</u>		
PARENTS	NAME OF FATHER <u>M. L. Sipe</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Ark.</u>	
	MAIDEN NAME OF MOTHER <u>Mary J. Addington</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Georgia</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>M. L. Sipe</u>		
(Address) <u>Florence</u>		
PLACE OF BURIAL OR REMOVAL <u>Florence</u>	DATE OF BURIAL OR REMOVAL <u>Apr 11 1921</u>	
UNDERTAKER <u>L. C. Martin</u>	ADDRESS <u>Florence</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 11 1921
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Apr 6 1921 to Apr 11 1921; that I last saw her alive on Apr 9 1921, and that death occurred on the date stated above at 4 AM. The DISEASE or INJURY causing death was as follows:
Pulmonary Tuberculosis

(Duration) ____ yrs. ____ mos. ____ days

Was disease contracted in Arizona? no

If not, where? Ark.

CONTRIBUTORY (Duration) ____ yrs. ____ mos. ____ days

(Signed) W. G. Randle
Apr 11 1921 (Address) _____

*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 Apr 11 1921 W. G. Randle Local Registrar

Filed July 9 1921 W. G. Randle County Registrar