9516

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 98
County Registrar's - No. 167
Local Registrar's - No. 148

PLACE OF DEATH

1. County Graham
District
Town or city Pinal No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Ellis East,

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day and year) June 23 - 1896

7. AGE Years 27 Months 3 Days 21 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer) Labour
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Pinal Ariz

PARENTS

10. NAME OF FATHER Thomas East
11. BIRTHPLACE OF FATHER Salt Lake City (city or town) Utah (State or country)
12. MAIDEN NAME OF MOTHER Ada Johnson
13. BIRTHPLACE OF MOTHER Virgin City (city or town) Utah (State or country)

14. Informant (Address) Pinal Arizona Leon Kelley

15. Filed Oct 8 1924 Hattie W. Schenck Local Registrar.
Filed Oct 8 1924 D Scott Schenck County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 9 - 15 1924

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1924 to Sept 15 1924
that I last saw him alive on 9 15 1924
and that death occurred, on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (secondary) Mitral Insufficiency
with resistance (duration) Symptoms ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No date of —
Was there an autopsy? —
What test confirmed diagnosis? No
Signed D. W. Morris M. D.
19 (Address) Pinal

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pinal Ariz
DATE OF BURIAL: Sept 17 1924

20. UNDERTAKER: W. E. Rawson
ADDRESS: Safford