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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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Marcopla State Arizona State File No. 178
 District or Township Mesa District Registered No. 36
 City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward _____

2. FULL NAME James Adams Ollerton
 (a) Residence No. Mesa Ariz St. _____ Ward _____
 Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>WIDOWED</u>			16. DATE OF DEATH (month, day, and year) <u>Mar 9 1927</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Teresa Ollerton</u> (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 24</u> , 19 <u>27</u> to <u>Mar 9</u> , 19 <u>27</u> that I last saw h. alive on <u>3-9</u> , 19 <u>27</u>	
6. DATE OF BIRTH (month, day and year) <u>June 7 1885</u>					and that death occurred, on the date stated above, at <u>4 P</u> m. The CAUSE OF DEATH was as follows: <u>Typhoid fever</u>	
7. AGE Years <u>41</u> Months <u>9</u> Days <u>2</u>	IF LESS than 1 day _____ hrs. or _____ min.				(duration) _____ yrs. _____ mos. <u>18</u> ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Doctor</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					CONTRIBUTOR (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) <u>Utah</u> (State or country)					18. Where was disease contracted — if not at place of death? _____	
10. NAME OF FATHER <u>James Ollerton</u>					Did an operation precede death? <u>No</u> Date of _____	
11. BIRTHPLACE OF FATHER <u>England</u> (city or town)					Was there an autopsy? <u>No</u>	
12. MAIDEN NAME OF MOTHER <u>Mary E Adams</u>					What test confirmed diagnosis? <u>Wright's Laboratory</u>	
13. BIRTHPLACE OF MOTHER <u>Utah</u> (city or town)					(Signed) _____ M. D. (Address) <u>Mesa, Ariz</u>	
14. Informant <u>M L Ollerton</u> (Address) <u>Mesa</u>					* 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.)	
15. Filed <u>3-16</u> , 19 <u>27</u> <u>W. H. Neill</u> Registrar.					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u> DATE OF BURIAL <u>Mar 13/27</u>	
					20. UNDERTAKER <u>W A Burton</u> ADDRESS <u>Mesa</u>	