2119

BUREAU OF VITAL STATISTICS

# ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 430

Registered No. 265

PLACE OF DEATH

County Pinal State

District or Township or Village

City Florence No. Pinal Co. Hospital St., Ward

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

2. FULL NAME Luther Ellis Coolidge

(a) Residence, No. (Usual place of abode) Ariz

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Ellis

6. DATE OF BIRTH (month, day and year) Feb. 22 -

| 7. AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 51 | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Georgia (State or country)

PARENTS

10. NAME OF FATHER Jesse Ellis

11. BIRTHPLACE OF FATHER Georgia (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Ellis Ellis (Address)

15. Filed Nov 12 1929 B. C. Lewis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ Death 11 Month 2 Day 1929 Year

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1929 to Nov. 2, 1929, that I last saw him alive on Nov. 1, 1929 and that death occurred, on the date stated above, at 6:10 A.m. The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. C. Lewis, M. D. 19 (Address)

* 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 Florence Cemetery

DATE OF BURIAL Nov. 3 - 1929

20. UNDERTAKER D. O. Martin

ADDRESS Florence

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.