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N. B.—WRITE 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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 220

Registered No. 31

1. PLACE OF DEATH

County Maricopa State Arizona

Township ____ or Village ____

City Phoenix No. Good Samaritan Hospital St. ____ or Ward

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

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.

2. FULL NAME Eli Margan Bates

(a) Residence: No. Wickenburg, Arizona St. ____ Ward. Blythe, California

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ila A. Bales

6. DATE OF BIRTH (month, day, and year): Oct. 7, 1871

7. AGE: Years 61 | Months 2 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock raiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cattle Man

10. Date deceased last worked at this occupation (month and year): Oct. 1, 1932

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (state or country): Bedric Town New Jersey

FATHER

13. NAME: Richard Bates

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Mary Morgan

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT: Wells Bates

(Address): Wickenburg, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Wickenburg, Ariz. Date 12-22, 1932

19. UNDERTAKER: Grimshaw-Acton Co.

(Address): 334 W. Moreno

20. Filed 1-6, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec. 20, 1932

I last saw him alive on Dec. 20, 1932; death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Influenza	Dec 14
Pneumonia	Dec 17

Other contributory causes of importance:

Had broken right femur	Dec 7, 1932

Name of operation: None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) C B Palmer, M. D.

(Address) Phoenix Arizona