

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH Globe STATE ARIZONA REGISTERED NO. 89 STATE FILE NO. 38

STANDARD CERTIFICATE OF DEATH

COUNTY Globe TOWNSHIP Globe CITY Globe

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 10 YRS. 10 MOS. 10 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 10 YRS. 10 MOS. 10 DS.

2. FULL NAME Margone Elave Elledge HOW LONG IN STATE WHEN DEATH OCCURRED? 10 YRS. 10 MOS. 10 DS.

(A) RESIDENCE: NO. 655 S 2nd ST. Globe WARD. 130 (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) Child

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 30-1925

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 10

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Globe Ariz

13. NAME Homer B Elledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Grand Junction Colo

15. MAIDEN NAME Anna Natiquis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pima Ariz

17. INFORMANT Mrs Homer Elledge (ADDRESS) Globe Ariz

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan DATE Nov 3 1935

19. EMBALMER LICENSE NO. 209 SIGNATURE Dalton H Cole FUNERAL DIRECTOR Miles Mortuary Sbt ADDRESS Globe

20. FILED Nov 12 1935 REGISTRAR Jeffrey Thomas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 15th 1935 TO Nov 2nd 1935 1935

I LAST SAW HER ALIVE ON Nov 1st 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:00 A M

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

<u>Nephritis</u>	<u>1933</u>
<u>Epistaxis</u>	<u>Sep 1</u>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 1935

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) [Signature] M. D. (ADDRESS) Globe, Ariz