

2360

112

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 112

1. PLACE OF DEATH  
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 7  
 TOWNSHIP Miami OR VILLAGE \_\_\_\_\_  
 CITY No. 3 Monroe ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME (STEAD OF STREET AND NUMBER))  
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 2 MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 2 MOS. \_\_\_\_\_ DS. \_\_\_\_\_

2. FULL NAME Edith Sue Ellison  
 (A) RESIDENCE: NO. 3 Monroe ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9-1936  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 2 16 \_\_\_\_\_  
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. \_\_\_\_\_  
 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) Miami Arizona  
 13. NAME Archie O. Ellison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Blue Arizona  
 15. MAIDEN NAME Pearl Boggs  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Catalpa  
 17. INFORMANT (ADDRESS) Mr Archie O. Ellison 3 Monroe Miami  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Final DATE 1-26-37 1937  
 19. EMBALMER LICENSE NO. 2 of 4 SIGNATURE [Signature]  
 FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami Arizona  
 20. FILED Jan 28-1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 9, 1936, TO Jan 20, 1937  
 I LAST SAW HIM ALIVE ON Jan 25, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:30 A. M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Aspiration of vomitus -  
Chang. position -  
(accidental) -  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_  
 NAME OF OPERATION \_\_\_\_\_ 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? \_\_\_\_\_  
 IF SO, SPECIFY (SIGNED) J. B. Harris M. D. (ADDRESS) Miami

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.