

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 84
Registrar's No. 71

1. Place of Death: (a) County Graham (b) City or Town Thatcher (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 48; In Arizona 64 + Thatcher
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Safford
(If outside city limits write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Emma Ellsworth (b) If veteran name and _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife Donald Ellsworth 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased May 19 - 1859
(Month) (Day) (Year)
8. AGE: Years 81 Months 2 Days 18 If less than one day hrs. _____ min. _____
9. Birthplace Prov. Utah
(City, town or county) (State or Country)

10. Usual Occupation Housewife
11. Industry or Business _____
Father { 12. Name Wm. Halladay
13. Birthplace England
(City, town or county) (State or Country)
Mother { 14. Maiden Name Blackheart
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Albert Norris
(b) Address Safford, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Thatcher (c) Date July 7, 1940

18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz
19. (a) August 9 - 1940
(Date received local Registrar)
(b) J. H. Stratton M.D.
(Registrar's Signature)

5M 100% Mag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 7, 1940;
TIME (Hour and minute) 4-6 AM
21. I hereby certify that I attended the deceased from Jan 25
1940 to July 7, 1940;
that I last saw her alive on July 7, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma of liver and gall bladder
Due to Coronary of liver 3 mos
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy NO

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. H. Stratton M.D.
Address Safford, Ariz Date signed 7-12-40