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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. 63

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 Days; In Community 39 Years (Specify whether years, months or days); In Arizona 59 Years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)

(d) Street No. 820-13th; (e) If foreign born, in U. S. A. 62 Years yrs.

3. (a) FULL NAME Charles Otto Ehlig (b) If veteran name war – (c) Social Security No. – (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Widowed

6. (b) Name of husband or wife: Irene O Ehlig

6. (c) Age of husband or wife, if alive: dead yrs.

7. Birthdate of deceased: 6 (Month) 14 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	9	hrs. ____ min. ____

9. Birthplace: Berlin (City, town or county) Germany (State or Country)

10. Usual Occupation: Retired

11. Industry or Business: _____

Father
12. Name: Unknown
13. Birthplace: _____ (City, town or county) _____ (State or Country)

Mother
14. Maiden Name: Unknown
15. Birthplace: _____ (City, town or county) _____ (State or Country)

16. (a) Informant's own signature E. M. Doutlitt
(b) Address 935 – 15 St. Douglas

17. (a) Burial, Cremation or Removal: Burial
(b) Place Douglas (c) Date 4-25-41 19

18. (a) Embalmer's Signature E. Carter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona

19. (a) Apr 24 - 1941 (Date received local Registrar)
(b) Eva Damron (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-23-41, 19____;
TIME (Hour and minute) 5-30PM M.

21. I hereby certify that I attended the deceased from Apr 20 – , 19 41 to Apr 23 , 19 41;
that I last saw h. – alive on Apr 23 , 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pancreat. t.r.s — 4 Days; Acute Colecyst. t.r.s — 4 Days

Due to: _____

Due to: _____

Other conditions: Acute Nephritis — 4 Days
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: Ariz

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 W. Williams M. D.
Address Douglas, Arizona Date signed 4-24-41