9408

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 233
Registrar's No. 1128

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1682 E Earll Dr. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 25 years (Specify whether years, months or days); In Arizona 25 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 1682 E Earll Dr. (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If Veteran name war none (c) Social Security No. 526-01-4897

3. (a) FULL NAME Charles Albert Ellsworth

4. Sex M
5. Race White [x] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Hazel L. Ellsworth
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased February 9, 1900 (Month) (Day) (Year)
8. AGE: Years 46 | Months 4 | Days 6 | If less than one day hrs. ___ min. ___
9. Birthplace San Diego, California (City, town or county) (State or Country)
10. Usual Occupation Owner
11. Industry or Business Arizona Dental Lab.
Father: 12. Name Charles Elmer Ellsworth
13. Birthplace Indiana (City, town or county) (State or Country)
Mother: 14. Maiden Name ---- Hamilton
15. Birthplace Indiana (City, town or county) (State or Country)
16. (a) Informant's own signature Hazel L. Ellsworth
(b) Address 1682 E Earll Dr, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date June 18 1946
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) JUN 18 1946 (Date received Local Registrar)
(b) Scott J Hughes M.D. (Registrar's Signature)

40M—100% Rag—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15, 1946;
TIME (Hour and minute) 10:30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1945, 19__ to June 15th, 1946;
that I last saw him alive on June 15th, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death (Angina Pectoris) Coronary Thrombosis
Due Hypertension (Arteriosclerosis)
Due to
Other conditions Asthma (Include pregnancy within three months of death)
Major findings:
Of operations ✓
Of autopsy ✓

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 D Nuyatanovich M. D.
Address 406 Profess Bldg Date signed June 17, 1946
Phoenix, Ariz