

599

33

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. _____

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

(d) Length of Stay: In Hospital or Institution 2 months; In Community 53 years; In Arizona 53 years
(Specify whether years, months or days)

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

(d) Street No. none (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Elmer Madison Amalong (b) If Veteran name war no (c) Social Security No. 526-32-0446

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct. 21 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days 14 If less than one day hrs. _____ min _____

9. Birthplace Dos Cabezas Arizona
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business _____

12. Name James Lewis Amalong
Father (City, town or county) (State or Country)

13. Birthplace Minnesota
(City, town or county) (State or Country)

14. Maiden Name Shar Lotta Green
Mother (City, town or county) (State or Country)

15. Birthplace Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature George Amalong
(b) Address Dos Cabezas Ariz

17. (a) Burial, Cremation or Removal burial
(b) Place El Darado (c) Date 11-8 1947

18. (a) Embalmer's Signature Chris A. Kelly
(b) Funeral Director Reilly-Rottman
(c) Address Willcox, Arizona

19. (a) Nov. 8-1947
(Date received Local Registrar)

(b) Joseph Wilson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-4-1947
TIME (Hour and minute) 3:10 PM M.

21. I hereby certify that I attended the deceased from 10-13 1947 to 11-4 1947

that I last saw him alive on 11-4-47, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

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 Richard M. D. M. D.
Address Willcox Date signed 11-28-47

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically