2316

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2076
Registrar's No. 32

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ——; In Community 63 yrs. (Specify whether years, months or days); In Arizona 63 yrs.
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. 1202 Central Ave; (e) Citizen of foreign country (Yes or No) ——
If Yes, which country ——
3. (a) FULL NAME William Ellsworth (b) If Veteran name war ——; (c) Social Security No. ——

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 Mary Ellsworth
6. (c) Age of husband or wife, if alive 69 yrs.
7. Birthdate of deceased Aug (Month) 17 (Day) 1872 (Year)
8. AGE: Years 74 Months 8 Days 2 If less than one day hrs. ——— min. ———
9. Birthplace Leeds Utah (City, town or county) (State or Country)
10. Usual Occupation Catterman & Rancher
11. Industry or Business ———
Father 12. Name James Ellsworth
13. Birthplace Oswego N. Y. (City, town or county) (State or Country)
Mother 14. Maiden Name Martha McCleod
15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Mary Ellsworth
(b) Address Safford, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Safford Ariz (c) Date April 22-48
18. (a) Embalmer's Signature ———
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz
19. (a) May 9th, 1948 (Date received Local Registrar)
(b) J. M. Stratton M.D. (Registrar's Signature) Deputy O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 19, 1948
TIME (Hour and minute) 7. P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1942 to April 19, 1948 that I last saw him alive on April 19, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Failure
Due to Causes incident to old age - and following
Due to Major Surgeries on Left Kidney & Prostate
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations ———
Of autopsy ———

DURATION 6 Weeks.

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 Wm. W. Ellsworth M. D.
Address Safford Ariz Date signed 4/22/48

s 40M—100% Rag—6-45