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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 286

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Cochise</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Ariz</i> B. COUNTY <i>Cochise</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Bowie</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>San Simon</i>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>3 yrs 15 yrs</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Town</i>		
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Pearl M.</i> B. (MIDDLE) <i>Ellis</i> C. (LAST) <i>Ellis</i>			4. SEX <i>Female</i>	5. COLOR OF RACE <i>White</i>
	6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Dec.</i> DAY <i>16</i> YEAR <i>1886</i>		8. AGE YEARS <i>7</i> MONTHS <i>7</i> DAYS <i>15</i>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Housewife</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>546-32-6706</i>
FAMILY HISTORY	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Utah</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>
	14A. FATHER'S NAME <i>Chas. Montrose</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>	15A. MOTHER'S MAIDEN NAME <i>Unknown</i>	
	16. INFORMANT'S SIGNATURE <i>Blanche Reed</i>		ADDRESS <i>San Simon Ariz.</i>		17. DATE OF DEATH (MONTH) <i>July</i> (DAY) <i>28</i> (YEAR) <i>1949</i>
MEDICAL HISTORY	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Brain - fractured skull</i>		INTERVAL BETWEEN ONSET AND DEATH <i>None</i>
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Automobile accident from E. for Bowie</i>		
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
OPERATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>Accident</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>On Highway 86 5 mi west of Bowie</i>		21C. (CITY OR TOWN) (COUNTY) (STATE) <i>Bowie Cochise Ariz</i>
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>July 28 1949 4:30 PM</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Collision of 2 automobiles</i>
CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>7-28-49</i> TO <i>7-28-49</i> AND THAT DEATH OCCURRED AT <i>4:30</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <i>W. W. ...</i>		23B. ADDRESS <i>Bowie, Arizona</i>		23C. DATE SIGNED <i>7-31-49</i>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>7-31-49</i>	24C. NAME OF CEMETERY OR CREMATORY <i>San Simon Ariz.</i>	
REGISTRATION	25A. DATE REC'D BY LOCAL REG. <i>7-31-49</i>		25B. REGISTRAR'S SIGNATURE <i>W. W. ...</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. ...</i>
					ADDRESS

