

2285

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 5558
REGISTRAR'S NO. 2167

7 05 95
F DEATH
ND
3 11
RESIDENCE

CENT
ONAL
TA 159
7
X 49

USE
OF
ATH
M 18)

ATIONS,
OPSY

ATH
TO
RNAL
ENCE

ICAL
ONER'S
ICATION

ERAL
CTOR
ND
STRAR

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Klondyke</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>4 days</u> <u>41 yr</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
3. NAME OF DECEASED A. (FIRST) <u>Jarrett</u> B. (MIDDLE) C. (LAST) <u>Elmer</u>			4. SEX <u>Male</u>
5. COLOR OR RACE <u>White</u>			
6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>10</u> YEAR <u>1890</u>	
8. AGE YEARS <u>59</u> MONTHS <u>7</u> DAYS <u>7</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farmer</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Cattle Ranch</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
13. SOCIAL SECURITY NO. <u>7</u>		14A. FATHER'S NAME <u>Edward Elmer</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>		15A. MOTHER'S MAIDEN NAME <u>Charlotte Francis Jarrett</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		16. INFORMANT'S SIGNATURE <u>Ida Elmer Central Ariz</u>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>November 17, 1949</u>		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.	
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-12-49</u>	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Carcinoma of Stomach</u>		?	
DUE TO (c) <u>Terminal Pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11-14</u> 19 <u>49</u> TO <u>11-17</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>11-17</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>11:40 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Carl S. Harris M.D.</u>		23B. ADDRESS <u>15E Monroe Phoenix Ariz</u>	
23C. DATE SIGNED <u>11-18-49</u>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Arizona</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>11/20/49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
25A. DATE REC'D BY LOCAL REG. <u>NOV 21 1949</u>		25B. REGISTRAR'S SIGNATURE <u>M. Kerr Deputy</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>L.M. Mortensen Chx. Ariz</u>		27. EMBALMER'S SIGNATURE <u>L.M. Mortensen</u>	
28. CERT. NO. <u>2619</u>			