

Ellis

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2372

CERTIFICATE OF DEATH

REGISTRAR'S NO.

37

BIRTH NO.

DEATH 27 DENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL), OR TOWN <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>36 yrs. 6 mos.</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, HOSPITAL OR ADDRESS OR LOCATION) <i>Miami, Inspiration Hoop</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>106 Inspiration Ave.</i>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Martha</i> B. (MIDDLE) C. (LAST) <i>Ellis</i>		4. SEX <i>Female</i> 5. COLOR OR RACE <i>White</i>	

AT 3 AL 178 4 50	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR <i>July 26 1872</i>			8. AGE YEARS MONTHS DAYS <i>78 10 2</i>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Housewife</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Texas</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>		13. SOCIAL SECURITY NO. <i>none</i>
	14A. FATHER'S NAME <i>John Henderson</i>			14B. BIRTHPLACE (STATE OR COUNTRY) <i>North Carolina</i>		15A. MOTHER'S MAIDEN NAME <i>John</i>			15B. BIRTHPLACE (STATE OR COUNTRY) <i>Missouri</i>	
	16. INFORMANT'S SIGNATURE <i>George Ellis</i>					17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>May 28 1950</i>				

3314 0 0 81	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>Cerebral vascular hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH <i>9 hrs</i>	
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Arteriosclerosis + hypertension</i>						
			DUE TO (c)						

INS, Y 1 3 AL CE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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 type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

L ER'S TION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>5/27</i> 19 <i>50</i> TO <i>5/28</i> 19 <i>50</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>5/28</i> 19 <i>50</i> AND THAT DEATH OCCURRED AT <i>4:00</i> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE <i>Robert Newman, M.D.</i>				23B. ADDRESS <i>Miami, Arizona</i>		23C. DATE SIGNED <i>5/28/50</i>	
	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>	

L R AR	25A. DATE REC'D BY LOCAL REG. <i>MAY 30 1950</i>		25B. REGISTRAR'S SIGNATURE <i>Sever D. Poytas</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita E. Miles</i> ADDRESS <i>Miami Ariz.</i>		27. EMBALMER'S SIGNATURE <i>Hal M. Clout</i> CERT. NO. <i>31</i>	
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