

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6810 170

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2 02 E OF DEATH AND 11 L RESIDENCE K-	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		B. LENGTH OF STAY IN THIS TOWN <b>7 yrs.</b> IN ARIZONA <b>7 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> COUNTY <b>Cochise</b>		
	C. CITY OR TOWN <b>Douglas</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Douglas</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>1212 7th</b> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS <b>1212 7th</b> (IF RURAL, GIVE LOCATION)		
PRECEDENT PERSONAL DATA 1/18 1/18 7 154	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Ola</b> B. (MIDDLE) <b>Eldridge</b> C. (LAST)			4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, DIVORCED (SPECIFY) <b>Married</b>	
	6B. NAME OF SPOUSE <b>Rev. W. F. Eldridge</b>		7. DATE OF BIRTH MONTH <b>Nov.</b> DAY <b>4</b> YEAR <b>1906</b>	B. AGE (IN YEARS LAST BIRTHDAY) <b>48</b>	IF UNDER 1 YEAR MONTHS <b></b> DAYS <b></b>	IF UNDER 24 HRS. HOURS <b></b> MIN. <b></b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Minister</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>White Amber Christian Unity</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Missouri</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>No</b>		
14A. FATHER'S NAME <b>Eddie Van Dyke</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		
16. INFORMANT'S SIGNATURE <b>Rev. W. F. Eldridge</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Dec. 25, 1954</b>				
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE (A), (B), (C).) <b>IX</b> ‡ 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 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <b>Intestinal obstruction</b> DUE TO (B) <b>Malignancy of cervix</b> DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>5 years</b>	
	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)		
DEATH DUE TO INTERNAL OR EXTERNAL OR OTHER CAUSE	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?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Jan 51</b> , 19 <b>51</b> , TO <b>Dec 23</b> , 19 <b>54</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Dec 23</b> , 19 <b>54</b> , AND THAT DEATH OCCURRED AT <b>3:50 A.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE (DEGREE OR TITLE) <b>W. A. Charbonneau M.D.</b>		23B. ADDRESS <b>524 Tenth St. Douglas</b>		23C. DATE SIGNED <b>Dec 27 1954</b>		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>12-29-54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Douglas, Arizona</b>		
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <b>Dec 27/54</b>		25B. REGISTRAR'S SIGNATURE <b>E. Eldridge</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Curtis Page Douglas, Ariz.</b> ADDRESS <b>321</b>		
	27. EMBALMER'S SIGNATURE <b>Curtis Page</b>				CERT. NO. <b>321</b>		