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Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS 91

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 704

COUNTY REGISTERED NO. 10

LOCAL REGISTRAR'S NO. 6

PLACE OF DEATH

COUNTY Graham

DISTRICT

TOWN OR CITY Safford NO. ST.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME James Henry Ellsworth

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR or RACE White, Indian, Black, Chinese, Mexican: White | SINGLE, MARRIED, WIDOWED or DIVORCED: Married

DATE OF BIRTH Jan. (Month) 12th (Day) 1832 (Year)

AGE 79 yrs. 2 mos. 19 days | If less than 1 day ___ hrs., or ___ min.

OCCUPATION (a) Trade, profession or particular kind of work: Blacksmith and

(b) General nature of industry, business, or establishment in which employed (or employer): Wheel right

BIRTHPLACE (State or country): Swego, New York

PARENTS

NAME OF FATHER: David Ellsworth

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Diona Livingstone

BIRTHPLACE OF MOTHER (State or country): New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C Ellsworth

(Address) Safford Ariz.

PLACE OF BURIAL OR REMOVAL: Safford | DATE OF BURIAL OR REMOVAL: April 2nd 1911

UNDERTAKER: J. F. Foster | ADDRESS: Safford

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 31 (Day) 1911 (Year)

I hereby certify, that I attended deceased from ___ 191__ to ___ 191__; that I last saw h___ alive on ___ 191__ and that death occurred on the date stated above at ___ M. The DISEASE or INJURY causing Death was as follows:

Mr. J. H. Ellsworth was found dead in bed on morning of Mar. 31. 1911 having died during the night from old age & senility (Duration) ___ yrs. ___ mos. ___ days.

Was disease contracted in Arizona? 154

If not, where?

CONTRIBUTORY

(Duration) ___ yrs. ___ mos. ___ days.

(Signed) H. J. Warner M. D

May 2, 1911 (Address) Safford. A. T.

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 25 yrs. 4 mos. 1 ds. In Arizona ___ yrs. ___ mos. ___ ds.

Former or Usual Residence Pioneer from N.Y.

Filed May 2 1911 A. A. French Local Reg

Filed May 6 1911 R. C. Dunden County R

Local Registrar will issue burial or removal permit to ... filing of proper certificate, subject to the laws of the Territory and the Regulations of the ... medical certificate, length of residence at place of ... burial or removal; place of ... signature and ... under-