

E-420

32778

1. FULL NAME Eells, Harry A.			DISTRICT NO. _____ REGISTRATION NO. 11136		
2. PLACE OF DEATH (A) COUNTY Los Angeles			3. USUAL RESIDENCE OF DECEASED		
(B) CITY OR TOWN Los Angeles IF OUTSIDE CITY OR TOWN LIST CITY AND RURAL			(A) STATE California		
(C) NAME OF HOSPITAL OR INSTITUTION 6526 Orange Street IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION			(B) COUNTY Los Angeles		
(D) LENGTH OF STAY (SPECIFY WHETHER YEARS MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY 11 yrs. IN CALIFORNIA 11 yrs.			(C) CITY OR TOWN Los Angeles IF OUTSIDE CITY OR TOWN LIST CITY AND RURAL		
(E) IF FOREIGN BORN HOW LONG IN THE U. S. A. _____ YEARS			(D) STREET NO. 6526 Orange Street		
3. (I) IF VETERAN, NAME OF WAR none		3. (II) SOCIAL SECURITY NO. none		20. DATE OF DEATH MONTH December DAY 7 YEAR 1940 HOUR 3:45 MINUTE 45 P.M.	
4. SEX Male	5. COLOR OR RACE Cauc.	6. (A) SINGLE MARRIED WIDOWED OR DIVORCED Married		21. MEDICAL CERTIFICATE	
6. (B) NAME OF HUSBAND OR WIFE Anna B. Eells		6. (C) AGE OF HUSBAND 55 YEARS IF ALIVE		I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July - 7 - 1940 TO Dec - 7 - 1940 THAT I LAST SAW HIM alive ON 12 - 7 - 1940 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE	
7. BIRTHDATE OF DECEASED February 14 1881 MONTH DAY YEAR			22. CORONER'S CERTIFICATE		
8. AGE 59 YRS 9 MOS 23 DAYS IF LESS THAN ONE DAY OLD			I HEREBY CERTIFY THAT I HELD AN ATTESTED QUALITY OF INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE		
9. BIRTHPLACE Battle Creek, Iowa			IMMEDIATE CAUSE OF DEATH Chronic Myocardial Disease		
10. USUAL OCCUPATION Broker			DUE TO Arteriosclerotic changes		
11. INDUSTRY OR BUSINESS Real Estate			DUE TO _____		
12. NAME Rufus Eells			OTHER CONDITIONS (INCLUDE PREGNANT WITHIN THREE MONTHS OF PARTURITION)		
13. BIRTHPLACE Battle Creek, Iowa			MAJOR FINDINGS OF OPERATIONS _____		
14. MAIDEN NAME unknown			DATE OF OPERATION _____		
15. BIRTHPLACE unknown			OF AUTOPSY <input checked="" type="checkbox"/>		
16. (A) INFORMANT Mrs. Anna B. Eells			PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED HISTORICALLY		
(B) ADDRESS 6526 Orange Street			23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING		
17. (A) Burial			(A) ACCIDENT, SUICIDE, OR HOMICIDE? _____		
(B) PLACE Edwards Cemetery			(C) WHERE DID INJURY OCCUR? _____ CITY OR TOWN _____ COUNTY _____ STATE _____		
18. (A) EMBALMER'S SIGNATURE [Signature] LICENSE 213			(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE OR IN PUBLIC PLACE? _____ WHILE AT WORK? _____ SPECIFY TYPE OF PLACE _____		
(B) FUNERAL DIRECTOR Edwards Brothers			(E) MEANS OF INJURY _____		
ADDRESS Los Angeles, California			24. CORONER'S OR PHYSICIAN'S SIGNATURE [Signature]		
BY [Signature]			ADDRESS [Address]		
19. (A) DEC 10 1940 REGISTRAR'S SIGNATURE [Signature]			U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS		