

## CERTIFICATE OF DEATH

BIRTH NO.

FILE NO. 151

0 983

1. Name of Deceased (Type or Print) (First) (Middle) (Last) <b>HAROLD WILLIAM ELLIOTT</b>			2a. Date of Death Month Day Year <b>April 25, 1963</b>		2b. Hour <b>11:35<sup>P</sup></b>
3. Sex <b>Male</b>	4. Race <b>White</b>	5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	6. Date of Birth <b>May 29, 1899</b>		7. Age (In yrs last birthday) <b>63</b>
8a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		8b. Kind of Business or Industry <b>Self Employed</b>		9. Birthplace (District, county, state or foreign country) <b>Mt. Clemens, Michigan</b>	
11. Father's Name <b>John Elliott</b>		12. Mother's Maiden Name <b>Anna Elizabeth Schmidt</b>		13. Name of Spouse <b>Gwendolyn Theresa Elliott</b>	
14a. Was Deceased Ever in U.S. Armed Forces? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		14b. If yes, give war or dates of service <b>W W I</b>		15. Social Security No. <b>370-10-0204</b>	
16a. Place of Death: City, Town, or Rural Location <b>Honolulu</b>			16b. Length of Stay in 16a <b>6 years</b>		16c. Island <b>Oahu</b>
16d. Name of Hospital or Institution (If not in hospital or institution, give street address) <b>3071-A Puiwa Lane</b>			16e. Is Place of Death inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
17a. Usual Residence: City, Town, or Rural Location <b>Honolulu</b>		17b. Island <b>Oahu</b>		17c. County and State or Foreign Country <b>Honolulu, Hawaii</b>	
17d. Street Address <b>3071-A Puiwa Lane</b>		17e. Is Residence inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		17f. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
I certify that the above stated information is true and correct to the best of my knowledge		18a. Signature of Informant <b>Harold N. Elliott</b>		18b. Date of Signature <b>4/27/63</b>	
19. Cause of Death (Enter only one cause per line for (a), (b), and (c)) Part I. Death was caused by: Immediate Cause (a) <b>Acute Coronary Thrombosis</b>					Interval Between Onset and Death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) <b>Arteriosclerotic Heart Disease</b>					
Due to (c)					
Part II. Other Significant Conditions contributing to death but not related to the terminal disease condition given in Part I (a)					20. Pregnancy within 1 month of death? Yes <input type="checkbox"/> No <input type="checkbox"/>
22a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>			22b. Describe How Injury Occurred (Enter nature of injury in Part I or Part II of item 19)		
22c. Time of Injury Hour a.m. p.m. Month, Day, Year					
22d. Injury Occurred While at Work <input type="checkbox"/> Not while at Work <input type="checkbox"/>		22e. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)		22f. City, Town, or Location	
22g. Island					
I hereby certify that I attended (investigated) this death which occurred on the date and from the cause(s) shown above.			23a. Signature of Attendant <b>Richard Y. K. Hoang, md</b>		23b. Date of Signature <b>April 26, 1963</b>
24a. Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/>		24b. Date <b>5/1/63</b>		25. Place of Burial, Cremation, or Removal <b>National Memorial Cemetery</b>	
27. Date Accepted by Local Registrar <b>APR 29 1963</b>		28. Signature of Local Registrar <b>Wilbee</b>		26. Signature of Person in Charge of Interment <b>WILLIAMS, MORTUARY</b> <b>Steven Friedman</b>	
30a. Date Burial-Transit Permit Issued <b>4.29.63</b>		30b. Place of Issue <b>Hon</b>		29. Date Filed by Registrar General <b>APR 29 1963</b>	
				30c. Permit Number <b># 241</b>	