

381

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1 PLACE OF DEATH  
 County of Cochise State Arizona Registered No. \_\_\_\_\_  
 Township 18 R 21 E SLT. R 1 M or Village SW David or \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza Jane Omens Christensen  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles O Christensen  
 6 DATE OF BIRTH (month, day, and year) August 27 1877  
 7 AGE 26 Years Months Days IF LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Coevren City (State or country) Utah

10 NAME OF FATHER Thomas B Tomnis  
 11 BIRTHPLACE OF FATHER (city or town) Clay (State or country) Mo  
 12 MAIDEN NAME OF MOTHER Oliver Fisher  
 13 BIRTHPLACE OF MOTHER (city or town) Salmon (State or country) Utah

14 Informant Ch O Christensen (Address) SW David

15 Filed July 14, 1903 J N Christensen REGISTRAR  
11-2155 GOVERNMENT PRINTING OFFICE

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1903  
 17 I HEREBY CERTIFY that I attended deceased from July 9 1903 to July 14 1903 that I last saw her alive on July 14 1903 and that death occurred, on the date stated above, at 11 A.M.  
 The CAUSE OF DEATH\* was as follows:  
Child Birth

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no  
 What test confirmed diagnosis? Chemical  
 (Signed) Preocarl, M. D.  
 ,19 (Address) Benson Arizona

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL SW David DATE OF BURIAL July 15 1903

20 UNDERTAKER Barred By Family ADDRESS \_\_\_\_\_

MARGIN RESERVED FOR BINDING

8-209 d  
 V. S. No. 98  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.