649

MARGIN RESERVED FOR BINDING

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.

V. S. No. 98

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 City S Lt. R. Mer or Village Cdn 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 Marlene 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: Mibliton Trago

6 DATE OF BIRTH (month, day, and year): May 17th 1840

7 AGE: 65 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): Non
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Tolone Denmark

PARENTS
10 NAME OF FATHER: Christian Christensen
11 BIRTHPLACE OF FATHER (city or town) (State or country): Denmark
12 MAIDEN NAME OF MOTHER: Ania Kandersen
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Denmark

14 Informant: C. O. Christensen
(Address) St. David Arizona

15 Filed April 19, 1905 J. N. Christensen REGISTRAR

11—2184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19 1905

17 I HEREBY CERTIFY, That I attended deceased from March, 1905, to April 19, 1905, that I last saw her alive on April 19, 1905, and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:
Kidney Trubel
____ (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? Clinical
(Signed) J. N. Morrison, 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: St David
DATE OF BURIAL: April 20 1905

20 UNDERTAKER: Barred Cg Family
ADDRESS