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Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 157
COUNTY REGISTERED NO. 290

PLACE OF DEATH
COUNTY Navajo
DISTRICT _____
TOWN Lakeside
OR CITY _____ NO. _____
(If death occurred in a Hospital or Institution, give its name instead of street and number.)

ST. LOCAL REGISTRAR'S NO. _____

FULL NAME Mary Adersen Hansen

Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS.	
SEX <u>female</u>	COLOR or RACE <u>White</u> Indian Black Chinese Mexican
DATE OF BIRTH <u>September 28</u> 19 <u>18</u> <small>(Month) (Day) (Year)</small>	SINGLE MARRIED <u>WIDOWED</u> X or DIVORCED
AGE <u>62</u> yrs. <u>11</u> mos. <u>6</u> days <small>If less than 1 day _____ hrs., or _____ min.</small>	OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____
BIRTHPLACE (State or country) <u>Tange, Denmark</u>	NAME OF FATHER <u>Peter Adersen</u>
BIRTHPLACE OF FATHER (State or country) <u>Seistrop, Ribe Denmark</u>	MAIDEN NAME OF MOTHER <u>unknown</u>
BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) <u>Augustus Hansen</u>	
(Address) <u>Lakeside, Arizona</u>	
PLACE OF BURIAL OR REMOVAL <u>Pinetop</u>	DATE OF BURIAL OR REMOVAL <u>Sept. 5</u> 19 <u>11</u>
UNDERTAKER	ADDRESS

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept</u> <u>3</u> 19 <u>11</u> <small>(Month) (Day) (Year)</small>	
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: _____ _____ _____ <u>(D)</u> <small>(Duration) yrs. mos. days</small>	
Was disease contracted in Arizona? If not, where? _____	
CONTRIBUTORY _____ <small>(Duration) yrs. mos. days</small>	
(Signed) <u>Dr. Doctor</u> M. D. _____, 191__ (Address) _____	
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
Former or Usual Residence _____	
Filed <u>Dec 1</u> 191 <u>1</u> <u>John L. Hunt</u> Local Registrar	
Filed <u>Dec 5</u> 191 <u>1</u> <u>Ed. Thompson</u> County Registrar	