2156

PLACE OF DEATH

County of Graham

District of Solomonville

Town of

or

City of

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. , St., Ward.)

FULL NAME Elaine Larson

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 54

Ter. Index No.

County Registered No. 44

Local 30

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 2 yrs 4 mos.

In Arizona 2 yrs 4 mos.

SEX 2

COLOR OR RACE White ~~Black~~ ~~Chinese~~ ~~Indian~~ ~~Mexican~~

DATE OF BIRTH July (month) 13 (day) 1909 (year)

AGE 2 years 4 months 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or foreign country)

OCCUPATION

NAME OF FATHER Moroni Larson

BIRTHPLACE OF FATHER (State or foreign country) Utah

MAIDEN NAME OF MOTHER Neoma Greenhalgh

BIRTHPLACE OF MOTHER (State or foreign county) Utah

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of child

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (month) 25 (day) 1911 (year)

I hereby certify, That I attended deceased from that morning 19 to 19

that I last saw h alive on 19

and that death occurred on the date stated above at 10 A M

The DISEASE or INJURY causing DEATH was as follows;

Pitchfork piercing neck causing death in few minutes (Accidental child fell on pitchfork) rec

Where contracted Duration

Contributing cause (if any)

Where contracted Duration

(Signed) H. J. Warner M.D.

Dec. 6 1911 Address Safford, Arizona

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence How long at Place of Death Days

Place of burial or removal | Date of burial or removal 19

Undertaker | Address

Filed Jan. 3 1912 Mrs. W. D. French Local Register.

Filed Jany 5 1912 County Register

removed from the Reg. the Territory.

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing of proper certificate, subject to the laws of the Territory and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be