9325

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

265

65

Ter. Index No. 320

County Registered No. 12

154

PLACE OF DEATH

County of Graham

District of

Town of Thatcher

or

City of

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.") (No. ..... St., ... Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number)

FULL NAME Hans Nicholes Chlarson

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 25 yrs 4 mos.

In Arizona 25 yrs 4 mos.

SEX male

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

DATE OF BIRTH Jan (month) 17 (day) 1832 (year)

AGE 77 years 9 months 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or foreign country) Sweden

OCCUPATION miner

NAME OF FATHER ~~Neilse~~ Nels Chlarson

BIRTHPLACE OF FATHER (State or foreign country) Sweden

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or foreign county) Sweden

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

(Informant) A H Chlarson

(Address) Thatcher

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (month) 5 (day) 19 (year)

I hereby certify, That I attended deceased from ..... 19 to 19

that I last saw h..... alive on 19

and that death occurred on the date stated above at .....

The DISEASE or INJURY causing DEATH was as follows

General debility due to age

Where contracted Thatcher Duration 3 M

Contributing cause (if any) no

Where contracted ..... Duration .....

(Signed) [illegible] E Platt M.D.

..... 19 Address .....

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

Former or Usual residence ..... How long at Place of Death ..... D

Place of burial or removal ..... Date of burial or removal .....

Undertaker ..... Address .....

Filed 19

Filed 19

FOR COPY L. C. [illegible]

Local R[illegible]

[illegible] W. Burton