

2757

367

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 997

ORIGINAL CERTIFICATE OF DEATH

County Registered No.

Local Registrar's No.

PLACE OF DEATH
County Cochise
District
Town McNeil
Or City

No.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mary Nyholm

PERSONAL AND STATISTICAL PARTICULARS

SEX Female
Color or Race White Indian
DATE OF BIRTH Oct. 13 1877
AGE 38 yrs. 5 mos. 18 days
OCCUPATION Housewife

BIRTHPLACE Finland

NAME OF FATHER Andrew Jovanen

BIRTHPLACE OF FATHER Finland

MAIDEN NAME OF MOTHER Christina Mayoy

BIRTHPLACE OF MOTHER Finland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carl Nyholm

(Address) McNeil, Ariz.

PLACE OF BURIAL OR REMOVAL McNeil, Ariz. DATE OF BURIAL OR REMOVAL Apr. 2 1916

UNDERTAKER ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 1 1916

I hereby certify, that I attended deceased from 4/1 1916 to 4/1 1916; that I last saw her alive on 4/1 1916, and that death occurred on the date stated above at 2 A.M. The DISEASE or INJURY causing

Death was as follows: Post Partum hemorrhage

Was disease contracted in Arizona? If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) E. H. Howley M.D. 4/1 1916 (Address) Bish Ariz.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death 9 yrs. mos. ds. In Arizona 9 yrs. mos. ds.

Former or Usual Residence Finland Filed 4-25 1916

Local Registrar Filed 4-26 1916 County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.