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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Greene
District Clifton
Town Clifton
Or City

BUREAU OF VITAL STATISTICS

State Index No. 474

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 113

Local Registrar's No. 29

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

FULL NAME

Olive Larson Alt.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female Color or Race White SINGLE MARRIED
Black Chinese WIDOWED
Mexican or DIVORCED

DATE OF DEATH May 15 1916
(Month) (Day) (Year)

DATE OF BIRTH March 14 1885
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 7, 1916 to May 15 1916; that I last saw her alive on May 15 1916, and that death occurred on the date stated above at 7:45 P. M. The DISEASE or INJURY causing Death was as follows: Pyæmia - not Puerperal Sepsis

AGE 31 yrs. 2 mos. 1 days hrs., or min. If less than 1 day

OCCUPATION Housewife
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

(Duration) yrs. mos. 8 days
Was disease contracted in Arizona? Yes
If not, where? _____
CONTRIBUTORY Childbirth
(Duration) yrs. mos. 7 days

BIRTHPLACE (State or country) Arizona

NAME OF FATHER Mons Larson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Olivia Eklund

BIRTHPLACE OF MOTHER (State or country) Sweden

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas L. Alt
(Address) Clifton Ariz

(Signed) L. W. Borch
5/16 1916 (Address) Clifton
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PLACE OF BURIAL OR REMOVAL Matthews Ariz DATE OF BURIAL OR REMOVAL May 17 1916

LENGTH OF RESIDENCE _____
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.
Former or Usual Residence _____
Filed 5-16 1916 M. W. Dawabaw
Local Registrar

UNDERTAKER L. F. Pascoe ADDRESS Clifton

Filed JUN 22 1916 L. W. Borch, M. D.
County Registrar