

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.

WHILE PLAINLY, WITH UNFADING INK, THIS IS TO BE FILLED OUT ALL BLANKS.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County APACHE
District _____
Town SAINT JOHNS, ARIZONA
Or City _____

BUREAU OF VITAL STATISTICS

State Index No. 12

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 20

Local Registrar's No. 69

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

FULL NAME Lyman Marian Overson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~
SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF DEATH Dec. 21, 1918
(Month) (Day) (Year)

DATE OF BIRTH Nov 76, 1887
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191_____ to _____ 191_____; that I last saw h_____ alive

AGE 31 yrs. 25 mos. 7 days If less than 1 day _____ hrs. or _____ min.

on _____ 191_____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing

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

death was as follows: Reported Influenza
(Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE (State or country) Arizona

Was disease contracted in Arizona? _____
If not, where? _____

NAME OF FATHER Coolb. Overson

CONTRIBUTORY Pneumonia
(Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE OF FATHER (State or country) Denmark

(Signed) Martin Jensen
_____ 191_____ (Address) _____

MAIDEN NAME OF MOTHER Marglochristensen

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

BIRTHPLACE OF MOTHER (State or country) Denmark

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Overson
SAINT JOHNS, ARIZONA

LENGTH OF RESIDENCE
At place of death 21 yrs. 25 mos. 7 ds. In Arizona 31 yrs. 25 mos. 25 ds.

(Address) _____

Former or Usual Residence St. Johns, Ariz.
Filed 1/6 1918 Martin Jensen Local Registrar

PLACE OF BURIAL OR REMOVAL SAINT JOHNS, ARIZONA DATE OF BURIAL OR REMOVAL Dec 22, 1918

Filed 1/10 1919 J. H. Brown County Registrar

UNDERTAKER _____ ADDRESS SAINT JOHNS, ARIZONA