

1803

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	
BUREAU OF VITAL STATISTICS			State Index No. <u>36</u>	
County <u>Cochise</u>			County Registered No. <u>98</u>	
District <u>St. James</u>			Local Registrar's No. _____	
Town _____				
Or City _____				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Olga Christensen</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>January 10</u> 191 <u>9</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>1836</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Dec. 21</u> 191 <u>8</u> to <u>January 10</u> 191 <u>9</u> ; that I last saw her alive on <u>Dec. 21</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>6 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Old age</u>	
AGE <u>83</u> yrs. _____ mos. _____ days _____ hrs., or _____ min.			(Duration) <u>23</u> yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Sweden</u>			CONTRIBUTORY <u>Apoplexy</u> (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Nels Nielson</u>		(Signed) <u>Dr. J. H. Morrison</u> <u>Feb. 6, 1919</u> (Address) <u>Benson Ariz.</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Sweden</u>		*In death from Violent Causes state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Majilda Nielson</u>		LENGTH OF RESIDENCE	
	BIRTHPLACE OF MOTHER (State or Country) <u>Sweden</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above Is True to the Best of My Knowledge (Informant) <u>J. H. Christensen</u>			Former or Usual Residence _____	
(Address) _____			Filed <u>Feb. 6 - 1919</u> <u>Peter A. Lofgren</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
UNDERTAKER		ADDRESS		
		Filed <u>Mar. 4 1919</u> <u>H. A. Reese</u> County Registrar		