

2170

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
County Maricopa
District No 3
Town Mesa
Or City _____
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
State Index - - No. 283
County Registered No. 8298
Local Registrar's - No. 67
ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Helma Magnusson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race White Indian Black Chinese Mexican _____	SINGLE MARRIED WIDOWED OF DIVORCED	DATE OF DEATH <u>Mar 27</u> , 19 <u>20</u> (Month (Day) (Year))		
DATE OF BIRTH <u>Sept 20</u> , 19 <u>18</u> (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>Mar 18</u> , 19 <u>20</u> to <u>Mar 27</u> , 19 <u>20</u> ; that I last saw her alive on <u>Mar 27</u> , 19 <u>20</u> and that death occurred on the date stated above at <u>7 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Acute Gastro Enteritis</u>		
AGE <u>1</u> yrs. <u>6</u> mos. <u>7</u> days hrs., or _____ min.			(Duration) _____ yrs. _____ mos. _____ days <u>9</u>		
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>Yes</u>		
BIRTHPLACE (State or Country) <u>Ariz</u>			If not, where? _____		
PARENTS	NAME OF FATHER <u>Peter Magnusson</u>		CONTRIBUTORY _____		
	BIRTHPLACE OF FATHER (State or Country) <u>Ariz</u>		(Duration) _____ yrs. _____ mos. _____ days _____		
	MAIDEN NAME OF MOTHER <u>Lottie Mallister</u>		(Signed) <u>Dr. F. W. Brown</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>		<u>3-27-1920</u> (Address) <u>Mesa, Ariz</u>		
The Above is True to the Best of My Knowledge (Informant) <u>Peter Magnusson</u>			*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.		
(Address) <u>Mesa</u>			LENGTH OF RESIDENCE At place of death...yrs...mos...ds. In Ariz...yrs...mos...ds.		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Mar 28</u> , 19 <u>20</u>		Former or Usual Residence _____	
UNDERTAKER <u>P. A. Justice</u>		ADDRESS <u>Mesa</u>		Filed <u>3-27-20</u> <u>J. E. D...</u> Local Registrar.	
				Filed <u>4-13-20</u> <u>H. R. Larson</u> County Registrar.	