2423

ORIGINAL

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 115

County Registrar No. 80

Local Registrar's No. 11011

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Maricopa

District

Town or City Phoenix No. 1034 West Polk St.

(If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Carl A Noren,

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE
male	*White Indian Black Chinese Mexican	*MARRIED WIDOWED or DIVORCED

DATE OF BIRTH July 15th. 1888 (Month) (Day) (Year)

AGE 33 yrs. mos. days | If less than 1 day hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Sweden,

PARENTS

NAME OF FATHER Karl Noren 31

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Paultsen

BIRTHPLACE OF MOTHER (State or country) Sweden

The above is true to the best of my knowledge.

(Informant) Mrs. Carl Noren,

(Address)

Place of Burial or Removal	Date of Burial or Removal
Forest Lawn Cemetery,	1-9-22 19

Undertaker	Address
J. T. Whitney,	City,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th. 1922 (Month) (Day) (Year)

I hereby certify, that I attended deceased from April 1920 19 20, to Jan 5, 19 22; that I last saw him alive on Jan 5, 19 22, and that death occurred on the date stated above at 3 P M. The DISEASE or INJURY causing death was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. days

Was disease contracted in Arizona? No

If not, where? Michigan

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Fred G. Holmes M. D.

219 Jan 6, 1922 (Address) 219 Goodrich Blg

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death years 8 months days

In Arizona 2 years 6 months days

Former or Usual Residence city

Filed Jan. 7, 1922 Dorothy Beauchamp Local Registrar.

A True Copy

Filed Jan. 26, 1922 County Registrar.