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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, which 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 Cochise
District _____
Town St. David
Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 10

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 713

Local Registrar's No. _____

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

FULL NAME Peter A. Lofgreen

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>January</u> (Month) <u>18</u> (Day) <u>1897</u> (Year)		
AGE <u>75</u> yrs. <u>1</u> mos. <u>15</u> days hrs., or min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>Post Master</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		
BIRTHPLACE (State or country) <u>Orja Sweden</u>		
PARENTS	NAME OF FATHER <u>Anders P. Lofgreen</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Varasbeck, Sweden</u>	
	MAIDEN NAME OF MOTHER <u>Sisa Bengtson</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Foster, Sweden</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>P. N. Lofgreen</u>		
(Address) <u>St. David, Ariz</u>		
PLACE OF BURIAL OR REMOVAL <u>St. David</u>	DATE OF BURIAL OR REMOVAL <u>March 7th</u>	<u>1922</u>
UNDERTAKER	ADDRESS	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
March (Month) 5 (Day) 1922 (Year)

I hereby certify, that I attended deceased from February 15 1922 to March 5 1922; that I last saw him alive on March 2 1922 and that death occurred on the date stated above at 7:15 P. M. The DISEASE or INJURY causing death was as follows: Cancer of the Stomach

(Duration) _____ yrs. _____ mos. _____ days

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

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

(Signed) D. J. H. Morrison
_____ 191 _____ (Address)

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

LENGTH OF RESIDENCE
At place of death 20 yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence Utah

Filed March 7th 1922 J. N. Christensen
Local Registrar

Filed 3/9 1922 R. B. Kemp
County Registrar