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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

no birth certificate

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. County Maricopa District _____ Town or City Phoenix No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ester Christian Friberg
(a) Residence No. 338-n-9th ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Widowed</u>			16. DATE OF DEATH (month, day, and year) <u>8-1-1922</u>	
5a. If married, widowed, or divorced HUSBAND of <input checked="" type="checkbox"/> (or) WIFE of <input type="checkbox"/>					17. I HEREBY CERTIFY, That I attended deceased from <u>July 29</u> , 19 <u>22</u> to <u>Aug 1</u> , 19 <u>22</u> , that I last saw her alive on <u>Aug 1</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>2 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Deterius Neonatorum</u>	
6. DATE OF BIRTH (month, day and year)					(duration) yrs. mos. ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.	CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					18. Where was disease contracted if not at place of death? Did an operation precede death? Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____	
9. BIRTHPLACE (city or town) (State or country) <u>Phoenix</u>					(Signed) <u>A. A. Shelley</u> , M. D. 19 (Address) <u>Phoenix, Ariz.</u>	
10. NAME OF FATHER <u>S. P. Friberg</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Sweden</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u> DATE OF BURIAL <u>Aug 2 1922</u>	
12. MAIDEN NAME OF MOTHER <u>Salberg</u>					20. UNDERTAKER <u>Yerwood & Haas</u> ADDRESS <u>334-10. Mon</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Norway</u>						
14. Informant (Address) <u>Grader</u>						
15. Filed <u>Aug 22 1922</u> L. GARRETT, M. D., City Health Officer-Registrar V. S. No. 1 <u>Aug. 4, 1922</u>						

GRANT S. MONROE, M. D.