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MARGIN RESERVED FOR BINDING. 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF DEATH**

1. County Pinal District \_\_\_\_\_ Town or City Morenci

2. FULL NAME Robert Edward Lindquist

(a) Residence. No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_

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>Male</u>	4. COLOR or RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the words) <u>Child</u>		16. DATE OF DEATH (month, day, and year) <u>May 18 1925</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>May 13</u> <u>7 2</u> , 19 <u>25</u> to <u>May 18</u> , 19 <u>25</u> that I last saw him alive on <u>May 18</u> , 19 <u>25</u> and that death occurred, on the date stated above, at <u>4:15 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Broncho-pneumonia</u> <u>(after measles)</u> (duration) _____ yrs. _____ mos. _____ ds.		
6. DATE OF BIRTH (month, day and year)	7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
	<u>4</u>		<u>3</u>			
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? <u>measles</u> (duration) _____ yrs. _____ mos. _____ ds.		
9. BIRTHPLACE (city or town), (State or country) <u>Morenci</u> <u>Arizona</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Frederick Lemley</u> <u>May 19 25</u>		
10. NAME OF FATHER <u>Oscar Lindquist</u>				20. UNDERTAKER <u>C. J. Casare</u>		
11. BIRTHPLACE OF FATHER (State or country) <u>Sweden</u>				DATE OF BURIAL <u>May 19 25</u>		
12. MAIDEN NAME OF MOTHER <u>Margaret Wilson</u>				ADDRESS <u>Morenci</u>		
13. BIRTHPLACE OF MOTHER (State or country) <u>New London</u> <u>Conn.</u>						
14. Informant (Address) <u>May 19, 1925</u> <u>M. Casare</u>						
15. Filed _____, 19 _____ V. S. No. 1 _____						
				Local Registrar. County Registrar.		