950

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 415
County Registrar's No.
Local Registrar's - No. 145

PLACE OF DEATH

1. County Pima
District —
Town or City Tucson No. St. Marys Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Axel Gustaveson
(a) Residence. No. 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. 3 mos. ✓ ds. How long in U. S., if of foreign birth 46 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Gustaveson

6. DATE OF BIRTH (month, day and year) Feb 2-1865

7. AGE

Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
61	✓	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Jonkoping
(State or country) Sweeden

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Sweeden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Sweeden

14. Informant Mrs Mathilda Gustaveson
(Address) Sacramento, Calif

15. Filed 2/18, 1926 Dia G Schnabel Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 15 1926

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926 to Feb 15, 1926
that I last saw him alive on Feb 14, 1926
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Pneumonia
Tuberculosis
(duration) 6 yrs. mos. ds.
CONTRIBUTORY Pneumonia
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Alaska
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) R B Norris, M. D.
2/17/1926 (Address) Tucson, Arizona

* 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.)

19. PLACE OF ~~BURIAL, CREMATION~~ OR REMOVAL: Los Angeles, Calif
DATE OF BURIAL: Feb. 18th 1926

20. UNDERTAKER: Reilly Undertaking Co.
ADDRESS: Tucson, Arizona