

MARGIN RESERVED FOR BINDING  
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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise

BUREAU OF VITAL STATISTICS

State Index - - - - No. 14

District Warren

County Registrar's - - - No.

Town or City Town of Naeco

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - - - No. 7

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Otto Mass. Christenson

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, 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

3. SEX Male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. married  
(Write the word)

5a. If married, widowed, or divorced HUSBAND of Ruth M. Christenson (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
about 38

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Transpire Business  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colorado

10. NAME OF FATHER Chas. O. Christenson

11. BIRTHPLACE OF FATHER (State or country) Utah (city or town)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country) unknown (city or town)

14. Informant Chas. McPherson (Address) St. Louis, Arizona

15. Filed 1-8-27 1927 Naeco Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.  
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1927 to Jan 7 1927 that I last saw him alive on Jan 7 1927

and that death occurred, on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH\* was as follows:

Re R. accident Broken neck and internal injuries  
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

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?

(Signed) B. B. Walter M.D. Coroner  
B. B. Walter (Address)

\* 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 St. David DATE OF BURIAL Jan 9 1927

20. UNDERTAKER Hemmesy and Co. ADDRESS Bisbee, Arizona

Undertaker would not receive flow