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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Graham State Arizona Registered No. 154
District or Township or Village Pima or
City No. (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Hakan J. Anderson
(a) Residence. No. Pima Ariz. St. Ward.
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
6a. If married, widowed, or divorced HUSBAND of Sarah E. Anderson (or) WIFE of
6. DATE OF BIRTH (month, day and year) Sept 4 1858
7. AGE Years 70 Months 9 Day 2 IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Rancher (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) Denmark
10. NAME OF FATHER Hakan Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or country) Denmark
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant J. B. Blake (Address) Pima
15. Filed July 8, 1929 J. N. Stratton Registrar. H.B.P.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH June 6 1929
17. I HEREBY CERTIFY, That I attended deceased from 5:27 - 1929 to 6:5 - 1929 that I last saw him alive on 6/5 1929 and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows: Myocardial
CONTRIBUTORY (Secondary) Mitral Stenosis
18. Where was disease contracted (duration) yrs. mos. ds.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? symptomatic
(Signed) J. W. Morris M. D. 6/6 1929 (Address) Safford
* 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 Pima Ariz DATE OF BURIAL June 9 - 1929
20. UNDERTAKER W. C. Rawson ADDRESS Safford

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 language. Exact statement of OCCUPATION is very important. See instructions on back of certificate.